TRAINING APPLICATION FORM - 2020



PERSONAL DETAILS

I ENSONAL DETA	ILO													
Surname														
First Names														
ID Number														
Please tick the appropriate the second secon	oriate b	ox.												
Race	Black		Со	Coloured			Indian			White				
Gender	Male							Female						
Home Address														
Postal Address														
Contact No.	Cell				Alt.Cell									
QUALIFICATIONS	;													
Highest qualifications achieved at school Please						Grade 11			Grade 12		de 12			
tick in the appropriate box and provide proof.														
Have you passed mathematics? Please tick in the appropriate box and provide proof.		Grade 10				Grade 11				Grade 12				
Other qualification courses completed	s /	Title	е								I		Year a	awarded
												•		
Do you have any experience in the woodworking and upholstery Yes No manufacturing industry?														
Do you have the time to attend a full time 75 days training programme? Yes No														
Do you intend starting your own furniture/woodworking business after Yes No														

WORK EXPERIENCE

Are you presently employed?	Yes		No	
Please tick in the appropriate box.	If yes please fi	ll in below		
Name of current employer	, ,		I	
Current job title				
How long have you worked in this position?				
How long have you worked for the company?				
What other companies have you worked for an	nd how long?			
Name of Company		Position	Durat	tion
MOTIVATION				
Please write a brief motivation why you manufacturing training programme?	u should be o	considered to	participa	te in the furniture

DOCUMENTATION

Please attach the following documents to this form and indicate by means of a tick which you have attached:

A copy of the first page of your Identity Document	Yes	No
A certified copy of your school leaving certificate	Yes	No
A Comprehensive CV	Yes	No
Other Qualification(s)	Yes	No
Proof of Address	Yes	No

PLEASE READ CAREFULLY	
I hereby declare that all information contained in this Application For an application does not guarantee an interview or entrance or acceps Skills Training Programme offered by the Furniture Technology Centror deny access to its services and products at its sole discretion. I also programme I will be available to attend for the entire training program.	ptance into the Furniture Manufacturing tre. Furntech reserves the right to grant so declare that if selected to the training
Applicant signature	 Date
Please recheck your contact details (Furntech cannot be held respon	nsible for incorrect contact details.
You will be contacted ONLY if your application is successful	

Note:

- Completed applications can be submitted at Furntech White River: 05 Indus Road, White River, 1240 (Opposite traffic department) or can be scanned and emailed too.
- COVID-19 safety protocols to be observed by any visitors to Furntech premises (i.e. No Mask No Entry)

For more information please call: 013 - 750 3066 or email: khodanir@furntech.org.za