

WHAT IS THE PURPOSE OF THIS FORM?

To assist the City of Tshwane in selecting candidates for the Chartered Accountant Training Programme (CATP). This form is used to capture important information in order to identify candidates to be interviewed.

Since all applicants cannot be interviewed, you need to fill in this form in full and accurately. This will help to process your application fairly.

WHO SHOULD COMPLETE THIS FORM?

Only candidates wishing to apply for the Chartered Accountant Training Programme (CATP).

ADDITIONAL DOCUMENTS REQUIRED

- Covering/Motivational letter
- Certified copy of the applicant's South African ID
- Full official academic record

NOTES

This document is not in any way an agreement or commitment.

Candidates will go through a selection process intended to conclude on the most suitable candidates for the CATP. The submission of an application and attending an interview does not guarantee selection to the programme. The selection of candidates is completely dependent on results obtained and the outcome of the selection process.

All applications to reach the City of Tshwane by 31 July 2019.

Please note the below:

- 1) No late applications will be accepted.
- 2) Applications that do not receive feedback within 60 days after the closing date must deem to accept that their applications were unsuccessful.

NB: The Municipality reserves the right not to make an appointment.

PART A – QUALIFICATION INFORMATION

State the name of your qualification (current or already completed) in the block below, eg Certificate in the Theory of Accounting (CTA) or Post-Graduate Diploma in Applied Accounting (PGDA).

PART B – DEMOGRAPHIC DETAILS		
Name:	Surname:	
ID number:	Date of birth:	



CHARTERED ACCO	UNTANT TRAINING PR	OGRAMME (CATP) APPLIC	ATION FORM
*Gender:	Male Female			
*Race	African White	Coloured	d Indi	an
Do you have a disab Are you a South Afri				
If no, what is your na	ntionality?			
Have you ever been from employment?	convicted of a criminal of	ffence or been	dismissed	Yes No
If your profession or	occupation requires regi	stration, provi	de the date and	particulars of registration
*For statistical purpose	es only			
PART C – CONTACT	DETAILS			
Contact numbers:	Cell phone:		Home/Alternati	ve:
Postal address:				
Email address:				
Alternative email address:				
PART D: EDUCATIO	N DETAILS (Please coi	mplete in full)		
	ΓΙΟΝ (Please complete for			ned.)
Name of school	Highest grade obtained	Sub	oject	Level



TERTIARY EDUCATION (Please complete for each qualification obtained or currently busy with and attach the academic record. Start with the current studies or most recent completed qualification.)

Name of institution	Degree	Transcripts attached?	Year obtained if completed

PART E: OTHER INFORMATION

MEMBERSHIP OF COMMUNITY OR PROFESSIONAL ORGANISATION

Association/ Organisation	Position	Activities	Duration

WORK EXPERIENCE/VOLUNTEER WORK (Previous work experience, starting with the most recent.)

Company	Start date	End date	Position	Reason for leaving



COMPUTER LITERACY (Please indicate your current level of computer literacy.)

Level	Basic	Intermediate	Advanced
MS Word			
MS Excel			
MS PowerPoint			
MS Outlook			
Other (please specify)			

REFERENCES (Please provide three references who can be contacted.)

Name and surname	Relation	Telephone number

PART F: MOTIVATION – minimum of 500 words

Your motivation should in the impact you expect to	things, what inspir	es you to want to work	for the City and



ist the leadership positions you hold/hav ou made with these?	ve held (eg projects you have worked on). What impact have
hat unique attributes do you have that isplay these attributes in your day-to-day	sets you apart from others? Provide examples on how you life.
How did you find out about CATP? (eg ca etc)	areer fair, university presentation, newspaper, word of mouth



PART G: DECLARATION

- I understand that all the information provided in my application may be followed up on and I authorise the City of Tshwane to contact any relevant person or institution for relevant references.
- I declare that the above information is true and correct to my knowledge and accept that if it were to be found that I withheld any information, the application will be cancelled immediately.
- I authorise any school/university/employer to provide the City of Tshwane with relevant information that may be useful in making a decision.

SIGNATURE OF APPLICANT	
	Date:
SIGNATURE OF PARENT/OUARDIAN //f of:U	
SIGNATURE OF PARENT/GUARDIAN (if still	a minor)
	Date:
OFFICE USE ONLY	
Captured	Date / /
Comments	
Interview	Regret
Other	
Signature Date	