



**PSCBC PANEL OF PART-TIME CONCILIATORS AND ARBITRATORS
APPLICATION FORM**

PLEASE NOTE THE FOLLOWING: The completed application form and supporting documents must be attached and submitted to the PSCBC before the closing date. Please complete all sections of the form in print or typed.

1. PERSONAL DETAILS

Title	
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Surname	
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Full Names	
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Identity Number																			
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Gender <i>(Please tick applicable)</i>	Male		Female	
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Race <i>(Please tick applicable)</i>	African	Coloured	Indian	White

Disability <i>(Please tick applicable)</i>	Yes	No	If yes, please specify the nature

Nationality	South African	Yes		No	
<i>If not, what is your nationality</i>					
<i>Do you have a valid work permit</i>	Yes		No		

Province <i>(please tick Province of residence)</i>	EC	FS	GP	KZN	LP	MP	NC	NW	WC

Postal Address:	
Postal Code	

Residential Address:	
Area Code	

Telephone (home)	
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Cell Number	
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Telephone (office)	
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Telephone (alternative)	
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Email – Address	
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2. LANGUAGE PROFICIENCY

Languages (Excellent, Good and Fair)			
Language	Read	Write	Speak

3. EDUCATION AND TRAINING

Certificate/ Diploma/ Degree already completed		
Qualification	Institution	Year Obtained

If the space provided above is not sufficient you may attach the details of additional studies completed, to this form.

4. ACCREDITATION

ACCREDITATION	CCMA	BC ONLY	NOT APPLICABLE

CCMA ACCREDITATION LEVEL	SENIOR	LEVEL A	LEVEL B

5. WORK EXPERIENCE – WHERE/IF APPLICABLE

Industrial Relations, Labour Law or conducting conciliations and arbitrations	
Organization	
Position	
Years of experience	

Knowledge of the Public Service legislation and Collective Agreements	
Organization	
Position	
Years of experience	

Knowledge of labour economics and different factors of the labour market in South Africa and legal drafting skills	
Organization	
Position	
Years of experience	

6. REFERENCES

Name	Position held	Telephone	Relationship to you

7. DISCLOSURE

Have you been convicted of any criminal offence?	Yes	No
Are you presently under any investigation by SAPS or any other organisation for alleged criminal, misconduct or dishonesty?	Yes	No
Have your services been terminated for any alleged misconduct or any act involving related to dishonesty?	Yes	No
Do you have anything else that you think that you may require to disclose?	Yes	No
Do you have any conflict business interests interest or relationship which may likely to affect the impartiality or which might create a perception of partiality	Yes	No

8. DOCUMENTS TO BE ATTACHED

	Yes	No
Curriculum Vitea		
Certified Copies of qualifications		
Certified copy of the CCMA Accreditation certificate/confirmation letter if applicable		
Certified copy of Identity Document		
Certified copy of Driver’s License		

9. ACKNOWLEDGEMENT

I _____(full name) declare that the above particulars are complete and correct and I understand that any false information provided, could lead to my application being disapproved.

Signature

Date