

APPLICATION TO PARTICIPATE AS A LEARNER ON THE LIMPOPO CONTRACTOR DEVELOPMENT PROGRAMME

NB: Applications must be submitted by **16h00 on Friday, 15 August 2014 at 43 Church Street, Polokwane 1st Floor Registry** Attention: HRD -LCDP (Applications received after this date will be disqualified).

The following documentation must be submitted together with the application form: (failure to do so will automatically disqualify the application)	Official use only
• Attach certified copies of qualifications	
• Attach certified copy of identity documents	
• Attach certified copy of business registration documents	
• Attach copy of CIDB registration /classification	
• Attach original tax clearance certificate for the business	
• Attach any references with contact details	
• Attach certified copies of registration documents of vehicles/equipment held by the company of applicants	
• Applications are for one contractor and one construction site supervisor only per application.	

TICK CHOICE(TICK ONE)

PROGRAMME APPLIED FOR	EMERGING CONTRACTOR DEVELOPMENT PROGRAMME(CIDB GRADE 2-3)	
	CONTRACTOR INCUBATOR PROGRAMME(CIDB 4-5)	

1. DETAILS OF COMPANY/BUSINESS		Official use only
a) Business Name		
b) Postal Address		
c) Physical Address		
d) District Name (Vhembe, Sekhukhune, Mopani, Capricorn and Waterberg)		
e) Telephone Number		
f) Fax Number		
g) Contact Person		

h) Business Income Tax Number		
i) Business Vat Registration Number		
j) Business Registration Number		
k) Location name (City/Town/Village, etc)		
l) Original Tax Certificate		
m) CIDB registration number:		
n) CIDB classification:		
o) Type Of Business i. Partnership ii. Sole Owner (Proprietor) iii. Close Corporation (cc) iv. Company v. Joint Venture vi. (Pty) Ltd		

2. LIST OF other PARTNERS AND SHAREHOLDERS:						
Name	Position Occupied in Enterprise	I.D. Number	Citizenship	PDI Status (Yes/No)	Date of Ownership	% Owned By Women

3. PARTICULARS OF PROJECTS PRESENTLY ENGAGAED WITH								
Contract Number (eg: TP,WODP, Order Number)	Project Name & Description	Contract Sum	Contract Period	Starting Date	Completion Date	Name of Awarding Firm	Consultant, Project Manager	Tel No.

4. PARTICULARS OF PROJECTS COMPLETED								
Contract Number (eg: TP,WODP, Order Number)	Project Name & Description	Contract Sum	Contract Period	Starting Date	Completion Date	Name of Awarding Firm	Consultant, Project Manager	Tel No.

RESOURCES COMPULSORY SECTION

5. EQUIPMENT, VEHICLES & OTHER RESOURCES	Please supply number and details of your existing equipment, vehicles or any available resources, also <u>attach</u> copies of relevant registration documents where applicable		Official use only
DESCRIPTION	QUANTITY	Replacement Value	

5. APPLICATION FORM FOR CONTRACTOR AND SITE SUPERVISOR			Official use only
PERSONAL DETAILS	CONTRACTOR	SITE SUPERVIOR	
1) Surname			
2) First Names			
3) Date of Birth			
4) Identity Number			
5) Gender			
6) Postal Address (home)			
7) Physical Address (home)			
8) Ward: (name & number) (for place of residence)			
9) Telephone number			
10) Fax Number			

11) Cell Phone Number			
7. EDUCATION & QUALIFICATION (<u>attach</u> certified copies of certificates & diplomas)			Official use only
PERSONAL DETAILS cont.	CONTRACTOR	SITE SUPERVIROR	
1) LAST SCHOOL ATTENDED			
2) YEAR			
3) HIGHEST STANDARD PASSED			
4) SUBJECTS PASSED	CONTRACTOR	SITE SUPERVIROR	
a)			
b)			
c)			
d)			
e)			

f)			
5) COURSES & CERTIFICATES	CONTRACTOR	SITE SUPERVIR	Official use only
g)			
h)			
i)			
6) MEMBERSHIP OF PROFESSIONAL INSTITUTES	CONTRACTOR	SITE SUPERVIR	
a)			
b)			
c)			
7) TERTIARY EDUCATION	CONTRACTOR	SITE SUPERVIR	
a) Institution Name			
b) Courses Passed			

c) Year Completed			
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8) EMPLOYMENT HISTORY	CONTRACTOR	SITE SUPERVIOR	Official use only
a) Most recent Employer			
b) Position Held			
c) Period Of Employment			
d) Previous Employer			
e) Position Held			
f) Period of Employment			
9) OTHER CONSTRUCTION, CONTRACTING OR BUSINESS EXPERIENCE			

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10) OTHER ACHIEVEMENTS		
CONTRACTOR	SITE SUPERVISOR	Official use only
a)		
b)		
c)		
d)		

Declaration: We the undersigned:

Contractor _____ (Full Name)

I D No. _____

Duly authorized to represent

Name of Firm _____

Reg No. _____

And

Site Supervisor: _____ (Full Name)

I D No. _____

Declare that all the information we supplied is to the best of our knowledge true and correct. We confirm that in the event of our application being successful, we will commit ourselves to an approximately two (2) year full-time learnership programme with the Limpopo Department of Public Works.

Signed by the **Contractor** at _____ this _____ day of _____ 20____

Signature Contractor _____

Signed by the **Site Supervisor** at _____ this _____ day of _____ 20____

Signature Site Supervisor _____