



**higher education
& training**

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

**NOMINEE TEMPLATE FOR APPLICATIONS FOR TVET COLLEGE COUNCIL
MEMBERSHIP IN TERMS**

**OF SECTION 10(4)(b) OF THE CONTINUING EDUCATION AND TRAINING ACT, No
16 OF 2006**

PART A: PERSONAL AND PROFESSIONAL DETAILS AND MOTIVATION

PROVINCE:	LIMPOPO PROVINCE
TVET COLLEGE/S:	MOPANI TVET COLLEGE
NAME OF PERSON	
ID NO:	
ADDRESS (PHYSICAL):	
TEL NO:	
CELL NO:	

EMAIL ADDRESS:		
GENDER:		
RACE:		
DISABILITY:	YES	NO
IF YES, please indicate kind of disability		

MOTIVATING FACTORS AND REASONS FOR APPLICATION

QUALIFICATIONS

(Please attach certified copies of your qualifications)

COMPETENCIES AND SKILLS SETS

E.g. Cooperation skills, ability to network; Ability to prioritise; Ability to think holistically; Ability to work in a team and mentor and guide others; Ability to support conflict resolution; Self-management; or Positive attitude to change.

MEMBERSHIP OF ORGANISATIONS AND PROFESSIONAL BODIES (e.g. SAICA, Organised Business, Organised Labour etc.)

FORMAL WORK EXPERIENCE

INFORMAL WORK EXPERIENCE

REASONS FOR APPLICATION

Details to be considered in motivating your application for a position on a TVET college council for a period of

5 years.

- *Knowledge of technical and vocational education and training and the role of TVET Colleges within the overall post-school sector as envisaged by the Green Paper on Post-School Education in South Africa.*
- *Experience in strategic planning and decision making.*

- *Understanding the linkages between the world of work and the post schooling sector in order to give relevant strategic advice and/or is able to synthesise relevant strategic issues.*
- *Understanding the importance of the Programme Qualification Mix (PQM) and how the right PQM can support employability.*
- *Experience in governance structures of public TVET Institutions and/or private enterprises.*
- *Analytical competencies (be able to analyse socio-economic developments and translate those into relevant information for strategic decision making).*

PREVIOUS APPOINTMENTS TO A TVET COLLEGE COUNCIL (add rows as required):

Name of College	Duration	
	From	To
1.		
2.		
3.		

REFERENCES

1.

2.

3.

4.

CRIMINAL RECORD

Please indicate if you have credit and or criminal records that relate to any acts of dishonesty in financial or related dealings:

YES	NO
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If yes, state the nature of the record:

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DECLARATION BY NOMINEE

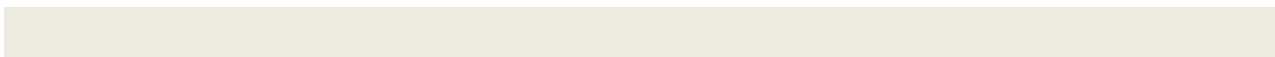
I,....., **HEREBY DECLARE THAT ALL THE INFORMATION LISTED**

MY CV IS TRUE AND CORRECT AND I AM WILLING TO SERVE FOR 5 YEARS IF I AM APPOINTED.

FURTHERMORE, I ACCEPT THAT SHOULD THIS APPLICATION PROVE TO CONTAIN FALSE INFORMATION, THE APPLICATION

WILL BE REJECTED AND/OR ANY APPOINTMENT ARISING FROM IT WILL BE TERMINATED. I FURTHER CONSENT TO THE VETTING

PROCESSES WITH REGARDS TO CRIMINAL AND CREDIT/FINANCIAL CHECKS AS WELL AS VERIFICATION OF QUALIFICATIONS.



DECLARATION BY NOMINATOR

I,....., **HEREBY DECLARE THAT AS A WITNESS I HAVE READ AND CHECKED ALL THE DOCUMENTS SUBMITTED BY THE NOMINEE COMPLIANT WITH THE REQUIREMENTS AS SET OUT IN THE ADVERTISEMENT OR PUBLISHED GAZETTE.**

PART B: DECLARATION OF INTEREST

In order to give effect to the application to serve as a council member for *[name of college]*, the following questionnaire must be completed and submitted with the application. This must be done for each college that you apply for.

1. Are you or any person connected to you, employed by DHET or College *[name of college]*?
YES / NO

If so, state particulars

2. Do you have any relationship (family, friend, other) with a person employed by DHET or College *[name of college]* and who may be involved in any business activities with the above-mentioned entities? **YES / NO**

If so, state particulars

3. Are you aware of any relationship (family, friend, other) with a person employed by DHET or College *[name of college]* and who may be involved in any business activities with the above-mentioned entities?
YES / NO

If so, state particulars

DECLARATION

I, THE UNDERSIGNED (NAME),

..... CERTIFY THAT

THE INFORMATION FURNISHED IN PARAGRAPHS 1 TO 3 ABOVE IS CORRECT. I ACCEPT THAT SHOULD THIS DECLARATION PROVE TO BE FALSE, THE APPLICATION WILL BE REJECTED AND/OR ANY APPOINTMENT ARISING FROM IT WILL BE TERMINATED.

.....
Signature

.....
Date

Dear Nominee

You are kindly requested to complete the table below to assist in determining the required skills.

Table A: List of preferred/required skills

Nominee Surname	Initial (s)	email address	Cell Number

No	Tick (√)	Comment (if any)
1. Auditing		
2. Financial		
3. Human resources		
4. Information Technology		
5. Labour Relations		
6. Legal		
7. Risk		
8. Other		

