

XXXXXXXXXXXX PROVINCE / MUNICIPALITY

LABOUR INTENSIVE EMERGING CONTRACTOR DEVELOPMENT PROGRAMME

CLOSING DATE: XX-XXXXXXXX-200_

TIME: xxxxxxxxx

Place of submission are at the following offices:

- 1.
- 2.
- 3.
- 4.
- 5.

NB!

- Attach certified copies of qualifications
- Attach certified copy of identity document
- Attach any references with contact details
- Attach certified copies of registration documents of vehicles/equipment held by the company or applicants
- Applications should be for one contractor and two construction site supervisors
- Attach copy employment contract between the contracting company and the two site supervisors for at least the duration of the learnerships.

1. DETAILS OF COMPANY TO BE FORMED

| | |
|---|--|
| Proposed New Business Name <i>(provide minimum of 3 names)</i> | |
| Postal address | |
| Physical address | |
| Telephone number | |
| Fax number | |
| Contact person | |
| Location name (City / Town / Village, etc.) | |

2. PARTICULARS OF PROJECTS/CONTRACTS THAT THE APPLYING CONTRACTOR ARE CURRENTLY ENGAGED WITH

| CONTRACT NO. eg. NTP WODP / ORDER NO | PROJECT NAME & DESCRIPTION | CONTRACT SUM | CONTRACT PERIOD | STARTING DATE | COMPLE- TION DATE | NAME OF AWARDED FIRM | CONSTULTANT / PROJECT MANAGER | REFERENCE TEL. / CELL NO. |
|--|----------------------------|-----------------|--------------------|------------------|-------------------------|-------------------------|-------------------------------------|---------------------------------|
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3. PARTICULARS OF PROJECTS/CONTRACTS COMPLETED

| CONTRACT NO. eg NTP WODP / ORDER NO | PROJECT NAME & DESCRIPTION | CONTRACT SUM | CONTRACT PERIOD | STARTING DATE | COMPLE- TION DATE | NAME OF AWARDED FIRM | CONSTULTANT / PROJECT MANAGER | REFERENCE TEL. / CELL NO. |
|---|----------------------------|-----------------|--------------------|------------------|-------------------------|-------------------------|-------------------------------------|---------------------------------|
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4. RESOURCES COMPULSORY SECTION

4.1 EQUIPMENT, VEHICLES & OTHER RESOURCES

Please supply number and details of your existing equipment, vehicles or any available resources. Also attach copies of relevant registration documents where applicable

| DESCRIPTION | QUANTITY |
|-------------|----------|
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| 5. APPLICATION FORM FOR CONTRACTOR AND SITE SUPERVISORS | | | |
|--|-------------------|--------------------------|--------------------------|
| 5.1 PERSONAL DETAILS | | | |
| | CONTRACTOR | SITE SUPERVISOR 1 | SITE SUPERVISOR 2 |
| Surname | | | |
| Full given name | | | |
| Date of birth | | | |
| Identity number | | | |
| Race | | | |
| Gender | | | |
| Postal address | | | |
| Physical address | | | |
| Telephone number | | | |
| Fax number | | | |
| Cell phone number | | | |

5.2 EDUCATION & QUALIFICATION (attach certified copies of certificates and diplomas)

| DETAILS | CONTRACTOR | SITE SUPERVISOR 1 | SITE SUPERVISOR 2 |
|---------------------------------------|------------|-------------------|-------------------|
| Last school attended | | | |
| Year | | | |
| Highest standard passed | | | |
| Subjects passed | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Courses & certificates | | | |
| | | | |
| | | | |
| Membership of professional Institutes | | | |
| | | | |
| | | | |

| | CONTRACTOR | SITE SUPERVISOR 1 | SITE SUPERVISOR 2 |
|---|---------------------|---------------------|---------------------|
| Tertiary Education | | | |
| ▪ Institution Name | | | |
| ▪ Courses passed | | | |
| ▪ Year completed | | | |
| Recognized prior learning | Yes or No (specify) | Yes or No (specify) | Yes or No (specify) |
| | | | |
| 5.3 EMPLOYMENT HISTORY | | | |
| Most Recent Employer | | | |
| Position held | | | |
| Period of employment | | | |
| Other Previous Employer | | | |
| Position held | | | |
| Period of employment | | | |
| 5.4 OTHER CONSTRUCTION, CONTRACTING OR BUSINESS EXPERIENCE | | | |
| (a) | | | |
| (b) | | | |
| (c) | | | |
| (d) | | | |

| 5.5 OTHER ACHIEVEMENTS | | | |
|------------------------|------------|-------------------|-------------------|
| | CONTRACTOR | SITE SUPERVISOR 1 | SITE SUPERVISOR 2 |
| (a) | | | |
| (b) | | | |
| (c) | | | |

DECLARATION

We the undersigned:

Contractor (full name): Identity number:

Duly authorized to represent

Name of company: Registration no:

And
 Site supervisor 1 (full name): Identity number:

And
 Site supervisor 2 (full name): Identity number:

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 XXXXX Province / Municipality.

Signed by the **Contractor** at this day of 200_.

.....

Contractor

Signed by the **Site Supervisor 1** at this day of 200_.

.....

Site Supervisor 1

Signed by the **Site Supervisor 2** at this day of 200_.

.....

Site Supervisor 2