

ESINAM PLACEMENT PROGRAMME REGISTRATION FORM

PERSONAL INFORMATION

Dear Candidate,

Learning is considered a continuous development process, through which the theoretical knowledge is put into action and converted into experience by repetition. Therefore, the total number of training days are allocated according to the minimum requirements of workplace experiential knowledge needed for a candidate to be considered competent and to graduate as a professional in their field of study. The duration of 6 months is based on the candidate's prior learning and practical exposure.

All learning days, assessment days and competencies are recorded in accordance with the Field of Study as per qualification requirements of SAQA.

Please also consider that there are many of you requiring this opportunity and we accept candidates on a first come first served basis, based on all application requirements being met in full.

PLEASE NOTE THAT YOUR APPLICATION WILL NOT BE CONSIDERED IF THE BELOW ARE NOT COMPLETED OR ATTACHED:

TICK THE APPROPRIATE RESPONSE:

	YES	NO
Did you complete the personal information form?		
Did you sign the program commitment agreement?		
Did you complete the social media release form? <i>(Our various partners wish to respect your rights and request your consent to pictures of you and to post them on their various social media platforms and website)</i>		
Did you attach your c.v.?		
Did you attach your academic transcript or certificates?		
Did you attach a certified copy of your ID?		

Esinam's commitment to safeguard candidate's personal information.

Esinam Global Business Service commit herewith that we will endeavour to ensure that your personal information remains protected as we share it with our business associates in the best responsible manner.

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Personal Information

Name _____ Surname _____

ID Number _____ Age _____

Date of Birth ____/____/____ Marital Status _____ Gender _____

Field of study _____ (Please attach transcript or certificate)

Name of institution you completed your qualification from _____

Do you have previous work experience?

YES		NO	
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If **YES** please specify (In what job and for how long): _____

How much is your current income? _____

Where do you get this money from? (Source e.g. SASSA grant) _____

What is your current household income (You can give an estimate) _____

Should we struggle to place you in your current vocation, are you will to be placed in alternative career opportunities?
(Please note that training and placement in these will be provided.)

**** You will be notified before placement if we must make alternative placement****

YES		NO	
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Do you have any disabilities?

YES		NO	
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If yes, nature of disability?

(Please provide medical letter
Not older than 3 months)

Candidates Residential Address _____

Code: _____

Province _____

Candidate Contact No _____

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Candidate email address: _____

Name and Surname (Next of kin) _____ Relationship _____

Residential Address (Next of Kin) _____

Contact (Next of kin) _____

Do you have a criminal Record (Please X appropriate response)

YES	NO
If Yes , please give brief description of conviction and date	



Placement Programme Commitment

Commitment:

- 1.1 The candidate undertakes to;
 - 1.1.1 subject himself/herself to the rules of the Work Experiential Placement Programme, the Host Company and the Placement Company,
 - 1.1.2 do everything within his/her ability to successfully complete the Work Experiential Training and the practical on the job experience prescribed by the Placement Company,
 - 1.1.3 be present daily and avail myself to undergo such tests or assessments as which may from time to time be required by the Host or Placement Company,
 - 1.1.4 conduct himself/herself properly and in accordance with good discipline,
 - 1.1.5 **not** make public any information in respect of matters or the business of the Host Company or its staff and clients or show any official document or training material to persons not involved in the Placement Programme,
 - 1.1.6 not use any information entrusted to him/her on grounds of his/her training, for any other purpose, regardless of the fact that he/she does not make public such information,
 - 1.1.7 diligently apply himself/herself to his/her training,
 - 1.1.8 successfully complete Placement Programme in not longer than a six months period,
 - 1.1.9 diligently observe the hours of duty / service communicated from time to time to him by the Host Company,
 - 1.1.10 report for duty at the premises of the Host Company as communicated from time to time to him / her by the Host Company,
 - 1.1.11 subject himself/herself to all instructions (whether oral or written), of the Host Company and to comply faithfully and diligently therewith.
 - 1.1.12 wear such uniform and/or protective clothing as provided by the Host Company, should it at any time be expected at the Host Company,
 - 1.1.13 sign on- and off duty as required from time to time by the Host Company,
 - 1.1.14 take proper care of any training material or equipment provided to him/her by the Host Company or the Placement Company.

Candidate Signature: _____

Date: ____/____/2022

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Consent/Release Form

For News Media, Promotional Materials, Written Articles, Research and/or Photographs

- I (*full name*) _____ hereby authorize Esinam Global Business Services and its partners, to responsibly use my photo and/or information related to my experiences in the program and/or project partners.
- I understand this information may be used in publications, including electronic publications, audio-visual presentations, promotional literature, advertising, community presentations and media and/or other similar ways.
- Esinam Global Business Services and/or its partners will disclose to me or my legal representative, where appropriate, the specific information and/or photo to be used prior to release on social media.
- My consent is freely given without expecting payment.
- I release and Esinam Global Business Services and their respective employees, officers and agents from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, videotape and/or photographs.

I prefer that:

My complete name be used:

My first name only be used:

No name be used:

- I understand that I can revoke this release any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease.
- I hereby certify and represent that I am over 18 years of age and have read the foregoing and fully understand the meaning and effect thereof.

Please print or type:

Name: _____

Surname: _____

Address: _____



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Phone: _____

Email: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Interviews

	Signature	Date	Remarks
Esinam CEO/representative			
Placement Manager			
Placement Officer			

	Signature	Date	Remarks
Host Employer Manager			
Placement Manager			
Placement Officer			
Mentor			
Candidate			

Placement Manager/Officer:

I hereby **approve/do not approve** the application. (If not approved: specify.)

Reason for disapproval:



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Recommended remedial actions: (If applicable)

Name: _____ Signature: _____ Date: ____/____/2022



DURBAN CHAMBER
OF COMMERCE AND
INDUSTRY NPC

