



KAAP AGULHAS MUNISIPALITEIT  
CAPE AGULHAS MUNICIPALITY  
U MASIPALA WASECAPE AGULHAS



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## EPWP PROJEK AANSOEK VORM

## EPWP PROJECT APPLICATION FORM

Rig alle korrespondensie aan Die Munisipale Bestuurder

Address all correspondence to The Municipal Manager

Posbus / Po Box 51

Bredasdorp

7280

Tel: 028 425 5500 \* Fax: 028 425 1019 \* E-pos / Email: [recruitment@capeagulhas.gov.za](mailto:recruitment@capeagulhas.gov.za)

### BELANGRIK / IMPORTANT

Geliewe hierdie vorm te voltooi en terug te stuur na Munisipale Kantoor.

Please complete this form and return to Municipal office.

EPWP PROJEK WAARVOOR U AANSOEK DOEN

EPWP PROJECT YOU ARE APPLYING FOR: \_\_\_\_\_

VOLLE NAAM EN VAN

FULL NAME AND SURNAME: \_\_\_\_\_

FISIESE ADRES

PHYSICAL ADDRESS: \_\_\_\_\_

WYK NOMMER

WARD NUMBER: \_\_\_\_\_

TELEFOONNOMMER

TELEPHONE NUMBER: (H) \_\_\_\_\_ (C) \_\_\_\_\_

IDENTITEITSNOMMER

IDENTITY NUMBER: \_\_\_\_\_

GESLAG

GENDER: \_\_\_\_\_

RAS

RACE: \_\_\_\_\_

GESONDHEIDSTOESTAND

CONDITION OF HEALTH: \_\_\_\_\_

Het u enige liggaamlike gebreke? Do you have any physical disorders?

Indien wel, versterk besonderhede

If so, furnish particulars \_\_\_\_\_

Is U huidiglik op die Munisipale Masakhane kortinglys?

Are you currently on the Municipal Masakhane Indigent list? \_\_\_\_\_

**Huishoudelike Besonderhede / Household particulars:**

Aantal mense in huishouding

Number of persons in household: \_\_\_\_\_

Aantal afhanklikes

Number of dependants: \_\_\_\_\_

Aantal kinders wat skool gaan

Number of children attending school: \_\_\_\_\_

Ontvang U enige toelaag bv kindertoelaag?

Do you receive any social Grants i.e disability, child support etc ? \_\_\_\_\_

Was U voorheen indiens van Kaap Agulhas Munisipaliteit: EPWP? Indien ja, meld wanneer.

Have you previously been employed within Cape Agulhas Municipality: EPWP? If yes, please state when.

\_\_\_\_\_

Hierby word verklaar dat die inligting wat hierbo verskaf is, in alle opsigte juis en waar is.

I hereby declare that all information furnished above is correct and true in all respects.

**HANDTEKENING / SIGNATURE** \_\_\_\_\_ **DATUM / DATE** \_\_\_\_\_