

CHARTERED ACCOUNTANT TRAINING PROGRAMME (CATP) APPLICATION FORM

WHAT IS THE PURPOSE OF THIS FORM?

To assist the City of Tshwane in selecting candidates for the Chartered Accountant Training Programme (CATP). This form is used to capture important information to identify candidates to be interviewed. Since all applicants cannot be interviewed, you need to fill in this form in full and accurately. This will help to process your application fairly.

WHO SHOULD COMPLETE THIS FORM?

Only candidates wishing to apply for the Chartered Accountant Training Programme (CATP).

ADDITIONAL DOCUMENTS REQUIRED

- Covering/Motivational letter
- Certified copy of the applicant's South African ID
- Full official academic record

NOTES

This document is not in any way an agreement or commitment.

Candidates will go through a selection process intended to conclude on the most suitable candidates for the CATP. The submission of an application and attending an interview does not guarantee selection to the programme. The selection of candidates is completely dependent on results obtained and the outcome of the selection process.

All applications to reach the City of Tshwane by 23 April 2021.

Please note the below:

- 1) No late applications will be accepted.**
- 2) Applications that do not receive feedback within 60 days after the closing date must deem to accept that their applications were unsuccessful.**

NB: The Municipality reserves the right not to make an appointment.

PART A – QUALIFICATION INFORMATION

State the name of your qualification (current or already completed) in the block below, e.g. Certificate in the Theory of Accounting (CTA) or Post-Graduate Diploma in Applied Accounting (PGDA).

PART B – DEMOGRAPHIC DETAILS

Name:	<input type="text"/>	Surname:	<input type="text"/>
ID number:	<input type="text"/>	Date of birth:	<input type="text"/>

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*Gender: Male Female

*Race African White Coloured Indian

Do you have a disability? Yes No

Are you a South African citizen? Yes No

If no, what is your nationality?

Have you ever been convicted of a criminal offence or been dismissed from employment? Yes No

If your profession or occupation requires registration, provide the date and particulars of registration.

*For statistical purposes only

PART C – CONTACT DETAILS

Contact numbers:

Cell phone:

Home/Alternative:

Postal address:

Email address:

Alternative email address:

PART D: EDUCATION DETAILS (Please complete in full)

HIGH SCHOOL EDUCATION (Please complete for each qualification you obtained.)

Name of school	Highest grade obtained	Subject	Level

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TERTIARY EDUCATION (Please complete for each qualification obtained or currently busy with and attach the academic record. Start with the current studies or most recent completed qualification.)

Name of institution	Degree	Transcripts attached?	Year obtained if completed

PART E: OTHER INFORMATION

MEMBERSHIP OF COMMUNITY OR PROFESSIONAL ORGANISATION

Association/ Organisation	Position	Activities	Duration

WORK EXPERIENCE/VOLUNTEER WORK (Previous work experience, starting with the most recent.)

Company	Start date	End date	Position	Reason for leaving

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COMPUTER LITERACY (Please indicate your current level of computer literacy.)

Level	Basic	Intermediate	Advanced
MS Word			
MS Excel			
MS PowerPoint			
MS Outlook			
Other (please specify)			

REFERENCES (Please provide three references who can be contacted.)

Name and surname	Relation	Telephone number

PART F: MOTIVATION – minimum of 500 words

Your motivation should include, among other things, what inspires you to want to work for the City and the impact you expect to make.



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List the leadership positions you hold/have held (eg projects you have worked on). What impact have you made with these?

What unique attributes do you have that sets you apart from others? Provide examples on how you display these attributes in your day-to-day life.

How did you find out about CATP? (eg career fair, university presentation, newspaper, word of mouth, etc)

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PART G: DECLARATION

- I understand that all the information provided in my application may be followed up on and I authorise the City of Tshwane to contact any relevant person or institution for relevant references.
- I declare that the above information is true and correct to my knowledge and accept that if it were to be found that I withheld any information, the application will be cancelled immediately.
- I authorise any school/university/employer to provide the City of Tshwane with relevant information that may be useful in making a decision.

SIGNATURE OF APPLICANT

Date: _____

SIGNATURE OF PARENT/GUARDIAN (if still a minor)

Date: _____

OFFICE USE ONLY

Captured	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Comments	<input type="text"/>				
Interview	<input type="text"/>	_____	Regret	<input type="text"/>	
Other	<input type="text"/>				
Signature	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>