

**CURRICULUM VITAE PRESCRIBED TEMPLATE**

**CONTACT DETAILS**

*In this section you must include your full Names (with surname last), current home address, mobile number, landline number and your personal e-mail address. All fields to be completed.*

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| Initials: |  | | First name: |  | | | Surname: | | | |  |
| Mr/Mrs/Ms/Miss | | |  | Marital Status: | | |  | | | | |
| Residential (Permanent) Address: | | | | | | | | | | | |
| Street: | | |  | | | Suburb: | | |  | | |
| Town/City: | | |  | | | Postal Code: | | |  | | |
| Postal Address: | | | | | | | | | | | |
|  | | | | | | Suburb: | | |  | | |
| Town/City: | | |  | | | Postal Code: | | |  | | |
| Contact Details: | |  | | Tel no: W |  | | | Cell no: | |  | |
| E-mail Address | | |  | | | | | | | | |

**PERSONAL DETAILS**

*In this section you must include your date of birth, place of birth (city/town and country), country of citizenship and gender. All fields to be completed.*

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| Date of birth: | Y | Y | Y | | Y | / | M | M | / | | D | D | ID No: |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |
| Passport No: (In case of non-South African Citizens) | | | | | | | | | | | | | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |
| Place of Birth: |  | | | | | | | | | | | | Country of Birth: | | |  | | | | | | | | | | | | | | |
| Citizenship: |  | | | | | | | | | | | | Gender (x) | | | Male | | | |  | | | | Female | | | |  | | |
| Race (x) | Black | | |  | | | Indian | | |  | | | Coloured | | |  | | | | White | | | |  | | | |  | | |

**EDUCATIONAL QUALIFICATIONS**

*All applicable fields to be completed: (If allowed fields not sufficient, please copy and attach page)*

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| **Matric (Grade 12) / National Senior Certificate:** | | | Copy Attached | Y | N |
| Year obtained: |  | Country of origin: |  | | |

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| **Tertiary Qualifications: Qualification 1** | | | | | | | | | | Copy Attached | Y | N |
| Qualification obtained: | | | | | | | | |  | | | |
| Month & Year obtained: | Y | Y | Y | Y | | / | M | M | Name of Institution & Country obtained from: |  | | |
| Details of Qualification: | | | | |  | | | | | | | |
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| **Tertiary Qualifications: Qualification 2** | | | | | | | | | | Copy Attached | Y | N |
| Qualification obtained: | | | | | | | | |  | | | |
| Month & Year obtained: | Y | Y | Y | Y | | / | M | M | Name of Institution: |  | | |
| Details of Qualification: | | | | |  | | | | | | | |
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| **Tertiary Qualifications: Qualification 3** | | | | | | | | | | Copy Attached | Y | N |
| Qualification obtained: | | | | | | | | |  | | | |
| Month & Year obtained: | Y | Y | Y | Y | | / | M | M | Name of Institution: |  | | |
| Details of Qualification: | | | | |  | | | | | | | |
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| **Short courses/Diplomas/Certificates obtained** | | | | | | | | | | | Copy Attached | | Y | N |
| Certificate/Diploma obtained: | | | | | | | | |  | | | | | |
| Duration of course: | | Day(s): | | | | | | Week(s): | | Month(s): | | Year: | | |
| Month & Year obtained: | Y | Y | Y | Y | | / | M | M | Name of Institution: | |  | | | |
| Details of Certificate/Diploma: | | | | |  | | | | | | | | | |
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| **Short courses/Diplomas/Certificates obtained** | | | | | | | | | | | Copy Attached | | Y | N |
| Certificate/Diploma obtained: | | | | | | | | |  | | | | | |
| Duration of course: | | Day(s): | | | | | | Week(s): | | Month(s): | | Year: | | |
| Month & Year obtained: | Y | Y | Y | Y | | / | M | M | Name of Institution: | |  | | | |
| Details of Certificate/Diploma: | | | | |  | | | | | | | | | |
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| **Short courses/Diplomas/Certificates obtained** | | | | | | | | | | | Copy Attached | | Y | N |
| Certificate/Diploma obtained: | | | | | | | | |  | | | | | |
| Duration of course: | | Day(s): | | | | | | Week(s): | | Month(s): | | Year: | | |
| Month & Year obtained: | Y | Y | Y | Y | | / | M | M | Name of Institution: | |  | | | |
| Details of Certificate/Diploma: | | | | |  | | | | | | | | | |
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**MEMBERSHIP OF PROFESSIONAL/VOLUNTARY ASSOCIATIONS/INSTITUTIONS**

*In this section you are required to include membership of professional bodies that you are registered with, year of being registered and class of registration with the latest being first. If given any award that is of a professional nature, you should also detail what the award was on, by which institution and on what year it was.*

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| Statutory Council |  | Category Registration. |  | Registration. No. |  |
| 1st Year Registration |  | Current Registration. No. |  |  |  |
| Association/ Institution |  | Membership Category |  | Membership No. |  |
| 1st Year Registration |  | Current Registration. No. |  |  |  |
| Copies attached | | | | Y | N |

**CAREER HISTORY/ WORK EXPERIENCE WITH REFEREES**

*Work experience plays an important role in the assessment of your application hence the need for this to be well presented in the curriculum vitae/ resume in chronological sequence. You should begin with putting the name of the organisation you worked for, location (city and country), list the most recent first, the duration you held the post and the title of your position. After this, you should in bulleted format narrate the responsibilities in the position you held.**You should include the name of the person you worked under, the position he/she held and full contact details. You should ensure that these are names of people who know you well and you are urged to inform them that you are placing their names as reference as Council reserves the right to call them for verification purposes.*

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| **Current Employment** | | | | | | | | | | | |
| Name of Employer: | |  | | | | | | | | | |
|  | | | 1st Date of employment: | | Y | Y | Y | Y | / | M | M |
| Nature of Business: (i.e. Engineers, Architect, PM’s, etc.) | |  | Current/Last Date of employment: | | Y | Y | Y | Y | / | M | M |
| Your designated/appointed position at Employer: | | |  | | | | | | | | |
| Short description of Key Performance Areas: | | |  | | | | | | | | |
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| Contact Reference – Name: | |  | Designation: | |  | | | | | | |
| Contact Details: |  | | Tel no: W |  | | | | | Cell no: | | |

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| **Previous Employment (1)** | | | | | | | | | | | |
| Name of Employer: | |  | | | | | | | | | |
|  | | | 1st Date of employment: | | Y | Y | Y | Y | / | M | M |
| Nature of Business: (i.e. Engineers, Architect, PM’s, etc.) | |  | Last Date of employment: | | Y | Y | Y | Y | / | M | M |
| Your designated/appointed position at Employer: | | |  | | | | | | | | |
| Short description of Key Performance Areas: | | |  | | | | | | | | |
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| Contact Reference – Name: | |  | Designation: | |  | | | | | | |
| Contact Details: |  | | Tel no: W |  | | | | | Cell no: | | |

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| **Previous Employment (2)** | | | | | | | | | | | |
| Name of Employer: | |  | | | | | | | | | |
|  | | | 1st Date of employment: | | Y | Y | Y | Y | / | M | M |
| Nature of Business: (i.e. Engineers, Architect, PM’s, etc.) | |  | Last Date of employment: | | Y | Y | Y | Y | / | M | M |
| Your designated/appointed position at Employer: | | |  | | | | | | | | |
| Short description of Key Performance Areas: | | |  | | | | | | | | |
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| Contact Reference – Name: | |  | Designation: | |  | | | | | | |
| Contact Details: |  | | Tel no: W |  | | | | | Cell no: | | |

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| **Previous Employment (3)** | | | | | | | | | | | |
| Name of Employer: | |  | | | | | | | | | |
|  | | | 1st Date of employment: | | Y | Y | Y | Y | / | M | M |
| Nature of Business: (i.e. Engineers, Architect, PM’s, etc.) | |  | Last Date of employment: | | Y | Y | Y | Y | / | M | M |
| Your designated/appointed position at Employer: | | |  | | | | | | | | |
| Short description of Key Performance Areas: | | |  | | | | | | | | |
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| Contact Reference – Name: | |  | Designation: | |  | | | | | | |
| Contact Details: |  | | Tel no: W |  | | | | | Cell no: | | |

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| **Previous Employment (4)** | | | | | | | | | | | |
| Name of Employer: | |  | | | | | | | | | |
|  | | | 1st Date of employment: | | Y | Y | Y | Y | / | M | M |
| Nature of Business: (i.e. Engineers, Architect, PM’s, etc.) | |  | Last Date of employment: | | Y | Y | Y | Y | / | M | M |
| Your designated/appointed position at Employer: | | |  | | | | | | | | |
| Short description of Key Performance Areas: | | |  | | | | | | | | |
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| Contact Reference – Name: | |  | Designation: | |  | | | | | | |
| Contact Details: |  | | Tel no: W |  | | | | | Cell no: | | |