



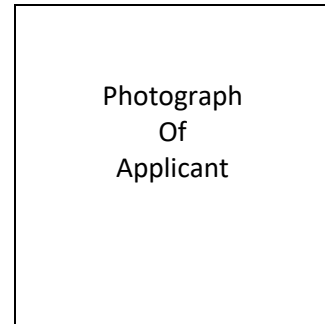
CLARENDON PARK PRIMARY SCHOOL

SEVENTH AVENUE, WALMER, PORT ELIZABETH 6070
P.O. BOX 5285 6065 PHONE: (041) 581 4231 FAX: (041) 581 5155
E-MAIL: clarendon@telkomsa.net www.clarendonpark.co.za

LEARNERSHIP APPLICATION FORM: 2020

FULL NAME OF APPLICANT: _____

RESIDENTIAL ADDRESS: _____



NATIONALITY: _____

IDENTITY NUMBER: _____

GENDER: _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

WHAT WOULD BE YOUR TWO TEACHING SUBJECTS?
1. _____
2. _____

Please either deliver this form, along with all applicable documentation listed below, to Clarendon Park Primary School, Cnr 7th Avenue and Church Rd, Walmer, Port Elizabeth, or to: clarendon@telkomsa.net

NO APPLICATION WILL BE CONSIDERED WITHOUT ALL OF THE FOLLOWING INFORMATION:

		YES	NO
1.	Curriculum Vitae including contact details of at least two referees		
2.	One page letter of motivation as to why you want to become a teacher and why you should be given this learnership opportunity		
3.	A certified copy of your ID document		
4.	For current Grade Twelve learners: a certified copy of your second term report		
5.	For University students/graduates: a certified copy of your senior certificate and transcripts of your complete academic record to date as well as a clearance certificate to prove your fees are up to date		

This form and all documents must reach us by no later than the closing date, which is 19 September 2019.