

**SOCIAL HOUSING REGULATORY AUTHORITY SUPPORT
YOUNG GRADUATE PROGRAMME****IMPORTANT INFORMATION**

- Please complete in black ink.
- Sections A to F should be completed in full. Incomplete forms will not be accepted. Please note, your application must include the following documents :-
 - Reference number of the applied discipline/position
 - Curriculum vitae
 - Certified copies of relevant qualifications
 - Certified copy of the South African identity document
 - Proof of Residential address
- Applications that do not comply will not be considered.

A. POST PARTICULARS												
Programme: SHRA Young Graduate Programme 2025/2026												
State-required position as per advert:												
B. DETAILS OF THE APPLICANT												
Title:				Initials:								
Surname:												
First Name(s):												
Date of Birth:							Are you a SA Citizen:			Yes		No
ID Number:										Age:		
Please mark the relevant block						Gender:	MALE			FEMALE		
Race:	AFRICAN			WHITE			COLOURED			INDIAN		
Do you have a disability as contemplated by the Employment Equity Act 55 of 1998?										Yes	No	
If yes, specify:												
Do you have a previous criminal offence or pending criminal case(s)										Yes	No	
If yes, specify:												

<u>Residential Address:</u>	<u>Postal Address: (If different from Residential address)</u>
<u>Contact Number:</u>	<u>Alternative Number:</u>
<u>E-mail Address (If applicable):</u>	

C. LANGUAGE PROFICIENCY- State 'good', 'fair' or 'poor'						
Languages						
Speak						
Read						
Write						
What is your highest standard passed? (attach proof)						
Do you have an additional completed qualification?		Yes		No		
If yes, specify: (attach proof)						
Are you currently studying?		Yes		No	If yes, specify.	
Qualification:		Institution:				
D. WORK EXPERIENCE (If any)						
Have you previously been employed by the Public Service?		Yes		No		
Have you previously been enrolled into one of the following programmes		Yes (If yes, put a cross on the relevant programme)		No		
Learnership						
Apprenticeship						
Experiential Learning						
Employer (Including current employer)	Position held	From		To		Reason for Leaving
		MM	YY	MM	YY	

E. REFERENCES						
Name	Relationship to you	Contact Number (s)				
F. DECLARATION:						
I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application for the young graduate programme being disqualified.						
Signature:	Date:					