MATJHABENG TRAFFIC TRAINING ACADEMY

REGISTRATION FORM



APPLICATION FOR ENROLMENT

| Part | Part A | | | | | | | | | | | |
|-------------------|--|------------|-----------|--|---|----------|-----------|-----|--|--|----|--|
| Course: | | | | | | | | | | | | |
| Date of course: | | | | | | | | | | | | |
| Mark with an X: Y | Are you presently employed by a Traffic Authority? YES | | | | | | | | | | | |
| New enrolment No | с С | Repeat ful | ll course | | R | epeat of | f subject | t/s | | | NO | |

APPOINTMENT CONFERRED

- a) Traffic Officer in terms of Section 3 of the Road Traffic Act, Act 93 of 1996
- b) Peace Officer in terms of Section 334 of the Criminal Procedure Act, Act 51 of 1977 and Authorized with: All powers conferred upon a Peace Officer or Police Official in terms of the Criminal Procedure Act, Act 51 of 1977 excluding the powers conferred in terms of Section 25, 43, 59,179 (1) (b) and 329 of the said Criminal Procedure Act, Act 51 of 1977, only within the jurisdiction of Matjhabeng Municipality.
- c) Server of the court process documents in terms of Section 15 (2) (a) of the Magistrate Court Act, Act 32 of 1944.
- NB: All classes will be presented in English

| Particulars of applicant | | | | | | | Part B | | | | | | | | | | |
|---|------|-----|----------|----------|--------|--|--------|--|---|------|----|----------|----------|----|---|-------|---------------|
| Surname: | | | | | | | | | | | | | | | | | |
| First Names: | | | | | | | | | | | | | | | | | |
| Date of birth: | | | | | | | | | A | ge | | | Ma | le |] | Femal | |
| Identity number: | | | | | | | | | | | | | |] | | | |
| School Qualificatio | n: | | | | | | | | | | | | | | | | |
| Home Language: | | | | | | | | | | | | | | | | | |
| Postal Address: | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Contact Telephone | numb | er: | | | | | | | | | | | | | | | |
| Driving licenses number: | | | | | | | | | | Co | de | | | | | | |
| Particulars of employer Part - C | | | | | | | | | | | | | | | | | |
| Employer: | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | + |
| Contact person: | | | | | | | | | | | | | | | | | $\frac{1}{1}$ |
| Rank of contact per | son. | | | | | | | | | | | | | | | | $\frac{1}{1}$ |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | + | | + |
| Tel. (code) | | | <u> </u> | Nī | umber: | | | | | | | <u> </u> | <u> </u> | | | | <u> </u> |
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Signature of Municipal Manager / Chief of Traffic / Your employer

Official Stamp



| COURSE FOR TRAFFIC OFFICERS | | | | | | | | | | |
|-----------------------------|--|---------------------------------|---------------------------------|--|--|--|--|--|--|--|
| | Indemnity | | Part - D | | | | | | | |
| I, the ap | plicant: | | | | | | | | | |
| a) | Indemnify the Matjhabeng Municipality and Traff injury, damages or losses incurred by me whilst I whilst under going training. | | | | | | | | | |
| b) | | | | | | | | | | |
| c) | Agree to compensate the Matjhabeng Municipalit | y and Traffic College for any o | damages or losses caused by me. | | | | | | | |
| | Signature of applicant | | Date | | | | | | | |
| Signa | ature of parent or guardian. (If under 21 years) | | Date | | | | | | | |
| 1. | | | | | | | | | | |
| 2 | Witness | | Date | | | | | | | |
| 2. | Witness | | Date | | | | | | | |
| | Undertaking | | Part - E | | | | | | | |
| | | | | | | | | | | |

I, the applicant:

- a) Acknowledge receipt of the college rules.
- b) Declare that I know and understand the contents of the College rules.
- c) Undertake to obey the abovementioned rules.
- d) I realize and acknowledge that should I make myself guilty of misconduct that I will be liable for disciplinary action and possible expulsion from the College; and
- e) Declare that all information given is true and correct.

Signature of applicant

Date

Signature of parent or guardian. (If under 21 years)

Date



Declaration: Drill, Physical education and fitness

Hereby declare that I have no objection to participate in activities related to drill, physical education and fitness or any other reasonable physical activity during training.

Signature of applicant

Signature of parent or guardian (if less than 21 years)

IMPORTANT

COPY'S OF:

Driving license at least code B ID document Grade 12 certificate Covering Letter of the Employer and proof of appointment Proof of SAPS clearance Proof of medical examination Proof of payment (banking details): **ABSA Bank Account:** 4053705465 **Branch code:** 632005

Reference: 0450 / 53/ 2 / 61 / 2267

Date

Date

| OFFICE USE ONLY | Part - G | | | | |
|---------------------------|---------------|--|--|--|--|
| | | | | | |
| FOR OFFICE USE ONLY: | | | | | |
| APPROVED: YES NO | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| HEAD OF COLLEGE SIGNATURE | DATE APPROVED | | | | |
| | | | | | |