UNIVERSITY OF CAPE TOWN LUNG INSTITUTE (PTY) LTD



George Street, Mowbray, 7700, Cape Town, South Africa PO Box 34560, Groote Schuur, 7937, South Africa www.lunginstitute.co.za Tel: +27-21-406-6850 Fax: +27-21-406-6851

EMPLOYMENT APPLICATION FORM

The following documents are required for your application to be considered.

- A cover letter
- An updated Curriculum Vitae
- Please submit your documents along with this application form before the closing date.
- Email your application to: <u>uctlirecruitment@uct.ac.za</u>

| Position applied for | Reference | |
|----------------------|-------------------|--|
| How did you find out | Unit / Department | |
| about this vacancy | Onit / Department | |

PERSONAL INFORMATION

| Title | | | | | Initials | |
|--|----------|---------|-------------|------|-------------------------------|--|
| First Name | | | Second Name | | | |
| Surname | | | | | Preferred Name | |
| Desidential Address | | | | | | |
| Residential Address | City | | | | Postal Code | |
| Talanhana Numbara | Mobile | | | | Home | |
| Telephone Numbers | Work | k | | | | |
| Email Address | Personal | ersonal | | Work | | |
| Date of Birth (dd/mm/yyyy) | | | Gender | | | |
| Identity or Passport no | | | Nationality | | | |
| If you are not a RSA citizen, are you in possession of a work permit / visa? (\checkmark) | Yes | No | | | Type of Work Permit / Visa | |
| Driver's Licence (√) | Yes | No | | | If yes, licence code | |
| Own Vehicle (✓) | Yes | No | | | | |

EMPLOYMENT EQUITY INFORMATION

| This information is required for the Institute's employment equity plan in accordance with the Employment Equity Act, Act 55 of 1998 | | | | | | |
|--|-----------------|------------------|---------------------|---------------|--------------------|---------------------|
| Ethnic Origin (| African | | Coloured | | Indian | |
| Ethnic Origin (✓) | White | | Foreign Nationa | al | | |
| If none of the above, please | | | | | | |
| provide details | | | | | | |
| Disability declaration: People with disabilities are defined in the Employment Equity Act as people who have a long-term or | | | | | | |
| recurring physical, mental, intelle | ectual or senso | ry impairment wh | ich, in the interac | tion with var | ious barriers, may | substantially limit |
| their prospects of entry into, or advancement in employment. | | | | | | |
| Do you have a disability (✓) | Yes | | | No | | |
| If yes, specify the nature of the | | | | | | |
| disability | | | | | | |

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QUALIFICATIONS

| Qualification (Certificate / Diploma / Other Qualification) | Institution | Year Obtained |
|---|-------------|---------------|
| | | |
| | | |
| | | |
| | | |

EMPLOYMENT INFORMATION

| Have you ever been employed by the UCT Lung Institute? (\checkmark) | Yes | No | If yes, when? | |
|---|-----|------|---------------|--|
| Position held | | Unit | | |

| Please list employment in chronological order | | | | |
|---|-----------------------------------|-------------------|--|--|
| Position | Name of Current/Previous Employer | Employment Period | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Notice Period / Availability | |
|------------------------------|--|
| | |

SALARY INFORMATION

| Previous /Current Salary | Expected Salary | |
|--------------------------|-----------------|--|
|--------------------------|-----------------|--|

REFERENCES

| Please list three contactable references, which may be contacted at any stage during the recruitment process | | | | | |
|--|---------------------|---------|---|--|--|
| Title, Name and Surname | Relationship to you | Company | Contact details (tel no and email address) | | |
| | | | | | |
| | | | | | |
| | | | | | |

DECLARATION

| Are there any circumstances relevant to your application you should make | Yes | No | |
|--|-----|----|--|
| the selection committee aware of? (\checkmark) | | | |
| Are you facing / have you faced / do you foresee you facing any | Yes | No | |
| disciplinary action? (\checkmark) | | | |
| Have you been found guilty of any crime? (\checkmark) | Yes | No | |

| I declare that the above information is true and correct | | | | |
|--|--|------|--|--|
| Signature of Applicant | | Date | | |

Please note: The position you are applying for is not on UCT Conditions of Service.