

PROVINCIAL TREASURY

CHARTERED ACCOUNTANTS ACADEMY (CAA) SELECTION FORM (TE008)

WHAT IS THE PURPOSE OF THIS FORM?

To assist the Limpopo Treasury in selecting and identifying candidates for the Chartered Accountants Academy (CAA) interviews.

The form must be completed in full and accurately. This will help to process your application fairly.

WHO SHOULD COMPLETE THIS FORM?

Candidates applying for the Chartered Accountants Academy.

ADDITIONAL DOCUMENTS REQUIRED

- Covering/Motivational letter
- Certified copy of the applicant's South African ID
- Full official academic certificates and transcripts

NOTES

This document is not in any way an agreement or commitment.

The selection of trainees is totally dependent on results obtained and the outcome of the selection

process.

You may send completed applications and accompanying documents to: caa@treasury.limpopo.gov.za on or before 14 December 2021 No late applications will be accepted.

PART A

Gender

| | of your qualification (current or already completed) in the block below: e.g. e Theory of Accounting (CTA) or Post Graduate Diploma in Accounting |
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| Are you a Limpo Yes No | ppo Treasury or Thuthuka bursary holder? |
| PART B: PER | SONAL INFORMATION |
| Surname | |
| Name | |
| ID Number | |
| Date of birth | |

Ismini Towers, 46 Hans Van Rensburg Street. POLOKWANE, 0700, Private Bag X9486, POLOKWANE, 0700 Tel: (015) 298 7000, Fax: (015) 295 7010 Website: http/www.limpopo.gov.za

| Race | | | |
|---------------------------|--------------------------|----------------------------|------------------|
| Disability | | | |
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| | envicted of a criminal c | ffence or been dismissed | from employment? |
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| No | | | |
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| * For statistical purpose | es only. | | |
| PART C: CONTACT | DETAIL S | | |
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| E-mail address | | | |
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| PART D: EDUCATIO | NAL DETAILS (Pleas | e complete in full) | |
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| | Grade | | |
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TERTIARY EDUCATION (Please complete for each qualification obtained or currently busy with and attach academic record. Start with the current studies or most recent completed qualification).

| Name of institution | Degree | | N | Major subjects | | | Year obtained if completed | |
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| PART E: OTHER INI | ORMA | TION | | | | | | |
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Other (please

specify)

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| ame and Surname | Relation | Cell number |
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| ART F: MOTIVATION - P | ease write clearly | |
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| low did you get to know about us? (E.g. Career Fair, University Presentation, lewspaper, Word of Mouth, etc) |
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| PART G: DECLARATION |
| I understand that all the information provided in my application may be followed-up and I authorise the Limpopo Treasury to contact any relevant person or institution for relevant references. |
| I declare that the above information to the best of my knowledge is true and correct and accept that if it were to be found that I withheld any information, the application will be cancelled with immediate effect. |
| I authorise any school/ university/ employer to provide Limpopo Treasury with relevant information that may be useful in making a decision. |
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| SIGNATURE OF APPLICANT |
| Date Control of the C |

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| Captured | | Date | / | / |
| Comment | | | | |
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| Signature | | Date | / | / |