

DECLARATION (Confidential)

**PLEASE READ
THIS FIRST**

Purpose of this form

This form is used to obtain information from applicants for the purpose of assisting with an analysis of the applicant profile. This information supports compliance with the Employment Equity Act, 55 of 1998, by identifying individuals from designated groups.

Who fills in this form

Applicants should complete this form.

Instructions

Employers must ensure that the contents of this form remain confidential and are used solely for the purpose of compliance with the Employment Equity Act, 55 of 1998.

People with disabilities' are defined in the Act as individuals who have long-term or recurring physical or mental impairments which substantially limit their prospects of entering into, or advancing in, opportunities such as internships or employment.

Please note that applicants have the right to disclose or not to disclose their disability.

1. Name of person: _____

2. Please indicate to which categories you belong with an by selecting the correct button:

Male Female

African Coloured Indian White

| | |
|------------------|--|
| Foreign National | |
|------------------|--|

If you are not a citizen by birth, please indicate the date you acquired

your citizenship:

| | |
|--------------------------|--|
| Person with a disability | |
|--------------------------|--|

If yes, specify nature of disability:

4. I verify that the above information is true and correct.

Signed: _____

Your name: _____

Date: _____