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| **National Association of Democratic Lawyers****Legal Education, Training and Development** |
| **3rd floor****Cnr House****77 Commissioner Street****JOHANNESBURG****South Africa** |  | **Email:** **memorys@nadel.co.za****Tel:** **Website:** [**www.nadel.co.za**](http://www.nadel.co.za) |

**APPLICATION FORM: APPOINTMENT AS TRAINING FACILITATOR**

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| **TERMS AND CONDITIONS**1. The aim of this form is to assist NADEL in selecting suitable candidates for appointment as facilitator for advertised training.
2. This form must be completed in full and submitted by email together with all supporting document (as stipulated in advert) to the training coordinator, incomplete and late applications will not be considered.
3. Preference will be given to candidates with disabilities and those from previously disadvantaged backgrounds.
4. Shortlisted candidates may be requested to furnish additional information and/or requested to attend an interview.
5. Only successful candidates will be contacted, should you not hear from us within 15 workings days from close of this application please consider your application unsuccessful.
6. All information received will be treated with strict confidentiality and will not be used for any other purpose than to assess the suitability of the applicants.
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| 1. **DETAILS OF ADVERTISED POST** *(as reflected in the Advert)*
 |
| Advertised post applying for  |  |
| Reference number |  |
| Name of training |  |
| Period of training  |  |
| 1. **PERSONAL DETAILS**
 |
| Surname |  |
| First Names |  |
| ID or Passport Number |  |
| Nationality |  |
| Work Permit Number *(if not South African)* |  |
| Race  | African  |  | Coloured |  | Indian  |  | White |  |
| Gender  |  |  | Female |  | Male |  |
| Do you have disability  |  |  | Yes  |  | No |  |
| If Yes Please Elaborate |  |
| Primary Language |  |
| Additional Language(s) |  |
| 1. **CONTACT DETAILS**
 |
| Telephone Number (during office hours) |  |
| Cell Phone Number |  |
| e-mail  |  |
| Physical Address |  |
| Postal Address(if different to Physical Address) |  |
| Preferred Method for Correspondence (mark with an X) | E-mail |  | Fax |  |
| 1. **QUALIFICATION**
 |
| Highest Qualification obtained | Name Of Institution | Year obtained |
|  |  |  |
|  |  |  |
| Date of Admission as a Legal Practitioner |  |
| Years of Experience (post admission) |  |  |  |  |
| 1. **WORK EXPERIENCE**
 |
| Employer | Position | From  | To  | Reason for Leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 1. **TRAINING EXPERIANCE**
 |
| Name of Training | Capacity you were involved in at the said training  | Name of Employer | Year training conducted | Mode of Training( mark with an x) |
| online | Face-to-face |
|  |  |  |  |  |  |
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| 1. **COMPUTER LITERACY**
 |
|   | Excellent | Very Good | Fair  | Poor  |
| Proficiency in Computer literacy |  |  |  |  |
| Proficiency in Excel  |  |  |  |  |
| Proficiency in Power Point |  |  |  |  |
| Proficiency in Microsoft word |  |  |  |  |
| 1. **DECLARATION**
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| **I hereby declare that all the information provided in this application form and all attachments in support thereof are, to the best of my Knowledge, true and correct. I understand that any misrepresentation or failure to disclose any information my lead to my disqualification and/or termination of contract, if appointed**  |
| Signature:  |  | Date: |  |