

| APPLICATION FOR VACANT POSITION | | | | | | | | | |
|--|----------------|-------------|--------|------|----------------------|-----------------------|---------------|----------|--|
| THE ADVERTISED POST | | | | | | | | | |
| Advertised Position | | | | | Ref Num stated in | | | | |
| PERSONAL INFORMATION | | | | | | | | | |
| Name | | | | | | | | | |
| Surname | | | | | | | | | |
| Address | | | | | | | | | |
| Date of Birth | | | | ID |) number | | | | |
| Race | African | White | | | Coloured | | Indian | | |
| Gender | Male | | Female | | | Valid Drivers Licence | | Yes / No | |
| SA Citizen | Yes / No Va | | | Vork | < Permit | Yes / No | Disability | Yes / No | |
| Proof of SANC | Yes / No / N | SANC Number | | | | | | | |
| LANGUAGES | | | | | | | | | |
| Languages (state: good, fair or poor) | 1 | | | 2 | | 3 | | 4 | |
| Speak | | | | | | | | | |
| Read | | | | | | | | | |
| Write | | | | | | | | | |
| CONTACT DETAILS | | | | | | | | | |
| Contact Details | Cell: | | | | | Tel: | | | |
| Email Address | | | | | | | | | |
| EDUCATION | | | | | | | | | |
| Institution | Qualifications | | | | | | Year Obtained | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| WORK EXPERIENCE | | | | | | | | |
|-----------------|---------------|------------|----------|--------------------|--|--|--|--|
| Employer | Position held | Date from: | Date to: | Reason for leaving | | | | |

| COMPUTER LITERACY – LIST PROGRAMMES / KNOWLEDGE | | | | | | | | | | |
|---|--|----|------------|-----|----------------|--|------|---------------|--|--|
| | | | | | | | | | | |
| SALARY EXPECTATIONS – COST TO COMPANY | | | | | | | | | | |
| | | | | | | | | | | |
| PREVIOUS INVOLVEMENT OR CONNECTION WITH VISTA CLINIC / VISTA ACADEMY? | | | | | | | | | | |
| | | | | | | | | | | |
| REFERENCES | | | | | | | | | | |
| | Name of Perso | on | Employer N | ame | Contact Number | | Emai | Email Address | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| OTHER INFORMATION | | | | | | | | | | |
| Do you | Do you have any psychiatric experience? If yes , please elaborate: Yes / No | | | | | | | | | |
| Are you willing to work shifts? | | | | | | | | Yes / No | | |
| Are there any serious medical conditions we should know of? If yes , please elaborate: Yes / No | | | | | | | | | | |
| Do you have any criminal offences? | | | | | | | | Yes / No | | |
| DECLARATION | | | | | | | | | | |
| I declare that all the information provided (including my attachments) is completed and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my discharge if I am appointed. I hereby agree that Vista Clinic may conduct verification checks as part of my Recruitment process. | | | | | | | | | | |
| Signature Date | | | | | | | | | | |