



## APPLICATION: CSBM PILOT COURSE

By completing this application, you are applying for registering on the following course:

<b>CSBM PILOT COURSE</b>						
Surname						
Full names						
Gender						
Race (For equity purposes)						
Persal number						
School						
School Telephone						
Home Telephone						
Cell number						
Fax nr						
Office e-mail						
Language: English	Please indicate your level of skill:	Average	Good      Excellent			
Academic qualifications (attach proof)						
Current job title						
<b>ACCEPTANCE FOR POSSIBLE SELECTION</b>						
<b>Acceptance for possible selection will be faxed or emailed to you by 3 December 2007</b>						
<b>Please indicate your level of competency</b>						
Financial Management	LOW	MEDIUM	HIGH			
Human Resources	LOW	MEDIUM	HIGH			
Risk Management	LOW	MEDIUM	HIGH			
Facilities Management	LOW	MEDIUM	HIGH			
Office Systems	LOW	MEDIUM	HIGH			
ICT	LOW	MEDIUM	HIGH			
Signatures of: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">PARTICIPANT</td> <td style="width: 33%; text-align: center;">SUPERVISOR (PRINCIPAL)</td> </tr> </table>					PARTICIPANT	SUPERVISOR (PRINCIPAL)
	PARTICIPANT	SUPERVISOR (PRINCIPAL)				

**Incomplete registration forms will not be accepted**

Complete this application and fax to:  
**SBM Section of your District**  
 Closing date for registration is  
**21 NOVEMBER 2007**