Chief Albert Luthuli Municipality

The transparent, innovative, and developmental municipality that improves the quality of life of its people

HEAD OFFICE

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REGISTRATION FORM – DATABASE OF UNEMPLOYED GRADUATES

A. PERSONAL INFORMAT	ION									
Surname										
First names										
Date of birth										
ID Number										
Gender		·			Mal	е		Fema	ale	
Do you have a permanent disability?				YES			NO			
If "yes" state nature of the disabili medical certificate	ty and att	ach								
Do you have a driver's license				YES		Code:				
					NO					
B. CONTACT DETAILS										
Cell number 1										
Cell number 2										
E-mail address										
Preferred method of correspondence	Cellphor	ne			E-ı	mail				
Residential address										
Ward Number										

C. HIGH SCHOOL QUA	ALIFICATIONS							
Name of School/ Technical College	Highest- obtained			Year obtained				
Computer literacy								
Name of Qualification	Name of	Institut	Year Obtained					
Tertiary Education (comple								
Name of Qualification	Name of Instit	ution	Type of qualification (Degree, Diplom Postgraduate)		Year Obtained			
Current study (Institution and	l Qualification):							
Have you completed an internship programme?			Yes	No)			
If "yes", provide further detail	s:							
Name of Institution:			Year complete	d.				
Name of institution.			rear complete	u				
Declaration								
I declare that all the informat best of my knowledge. I und Registration Form being ineli	erstand that any	•	•	•	nd correct to the			
Signature:			Date:					

Please attach certified copies of Identity Documents, Drivers Licence, Academic Qualifications, Proof of Residence and CV.