



PLACEMENT CHOICE FORM

PERSONAL INFORMATION

INITIAL		SURNAME		PERSAL#	
SOUTH AFRICAN?	Yes		NO		If No Specify Nationality
OTHER					

DEMOGRAPHIC RELATED INFORMATION

DISABILITY	Yes	NO	If Yes Specify Type of disability				
RACE			GENDER	Female		Male	
ID NUMBER						AGE	

EMPLOYEMENT DETAILS ((CURRENT POST)

EMPLOYEMENT STATUS	CONTRACT		PERMANENT	
CURRENT OCCUPATION			SALARY LEVEL	
DIRECTORATE			UNIT	
HIGHEST QUALIFICATION				
YEARS OF EXPERIENCE ON THE POST				
REGISTRATION DETAILS (IF APPLICABLE TO THE POST)				
BRIEF SUMMARY OF SKILLS				

CHOICE OF PLACEMENT

FIRST CHOICE	SECOND CHOICE	THIRD CHOICE

*** THIS CHOICE FORM WILL BE USED TO SUPPORT THE PROCESS OF PLACEMENT, BUT WILL NOT GUARANTEE THAT THE CHOICE WILL BE REALISED**

EMPLOYEE SIGNATURE: _____

DATE: _____

This information was certified by (Initial & Surname) _____ (Supervisor), on this date _____. Signature of the Supervisor _____