



human settlements

Department:
Human Settlements
REPUBLIC OF SOUTH AFRICA



SOCIAL HOUSING REGULATORY AUTHORITY SUPPORT YOUNG GRADUATE PROGRAMME

IMPORTANT INFORMATION

- Please complete in black ink.
- Sections A to F should be completed in full. Incomplete forms will not be accepted. Please note, your application must include the following documents : -
 - Reference number of the applied discipline/position
 - Curriculum vitae
 - Certified copies of relevant qualifications
 - Certified copy of the South African identity document
 - Proof of Residential address
- Applications that do not comply will not be considered.

A. POST PARTICULARS													
Programme: SHRA Young Graduate Programme 2025/2026													
State-required position as per advert:													
B. DETAILS OF THE APPLICANT													
Title:							Initials:						
Surname:													
First Name(s):													
Date of Birth:							Are you a SA Citizen:	Yes		No			
ID Number:											Age:		
Please mark the relevant block							Gender:	MALE		FEMALE			
Race:	AFRICAN				WHITE			COLOURED		INDIAN			
Do you have a disability as contemplated by the Employment Equity Act 55 of 1998?									Yes	No			
If yes, specify:													
Do you have a previous criminal offence or pending criminal case(s)									Yes	No			
If yes, specify:													

Residential Address:	Postal Address: (If different from Residential address)
Contact Number:	Alternative Number:
E-mail Address (If applicable):	

C. LANGUAGE PROFICIENCY- State 'good', 'fair' or 'poor'						
Languages						
Speak						
Read						
Write						
What is your highest standard passed? (attach proof)						
Do you have an additional completed qualification?			Yes		No	
If yes, specify: (attach proof)						
Are you currently studying?		Yes		No		If yes, specify.
Qualification:			Institution:			
D. WORK EXPERIENCE (If any)						
Have you previously been employed by the Public Service?			Yes		No	
Have you previously been enrolled into one of the following programmes			Yes(If yes, put a cross on the relevant programme)		No	
Learnership						
Apprenticeship						
Experiential Learning						
Employer (Including current employer)	Position held	From		To		Reason for Leaving
		MM	YY	MM	YY	

E. REFERENCES						
Name	Relationship to you		Contact Number (s)			
F. DECLARATION:						
I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application for the young graduate programme being disqualified.						
Signature:			Date:			