

## APPENDIX A WIND TURBINE SERVICE TECHNICIANS PROGRAMME (WTST 12)

**CLOSING DATE: 15 JUNE 2024**

**No Applications Will Be Accepted After Closing Date**

The program is offered at SARETEC's specialised wind training centre in Bellville, Cape Town.

**Duration of course:** 8 Months (5 months of Theory & Practical's and 2 Months in-service training on a wind turbine farm).

**Purpose of Programme:** To train and certify Wind Turbine Service in accordance with the South African Qualifications Authority (SAQA) NQF Level 5 qualification and GWO standards.

**Requirements:**

- Reside in the following towns (Kouga Local Municipality):  
Thornhill          Jeffreys Bay  
Humansdorp      Hankey  
Patensie          Lourie  
(PROOF OF RESIDENTIAL ADDRESS IN FORM OF A UTILITY OR RETAIL BILL NOT OLDER THEN 3 MONTHS, A LEASE AGREEMENT OR AN AFFIDAVIT FROM THE LANDLORD)
- South African Citizen or Permanent Resident.
- Age Criteria: Between the ages of 18 - 34 years old.
- Preferred 3 years post tertiary education experience.
- Physically and mentally fit (Construction and Working at Heights): **ALL SELECTED CANDIDATES NEED TO DO A CONSTRUCTION MEDICAL TESTING (ANNEXURE 3) BEFORE THE START DATE OF THE PROGRAMME.**
- No fear of heights or confined spaces.
- Qualification requirements: NQF Level 4: Electrician (Light Voltage, Medium Voltage, High Voltage) / Mechatronics / Millwright / Fitters and Turners / National Diploma (NDip.) in Mechanical, Electrical or Mechatronics.
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**Eligibility Criteria:**

- No fear of heights or confined spaces.
- No criminal record.
- Have no outstanding fees owing to the Cape Peninsula University of Technology (CPUT).
- Cannot be enrolled in another programme at CPUT or any other Higher Educational Institution.

**Application procedure:**

Following supporting documentation **MUST** be attached to the application form:

- Full Curriculum Vitae.
- Certified Copy of Identity Document (Not older than 3 months).
- Certified Copies of Qualifications (Not older than 3 months).
- Proof of Residential Address in form of a Utility or Retail bill not older than 3 months, a Lease Agreement, or an Affidavit from the landlord
- Should you be applying via a company a letter of support must be attached (if applicable).

**Cost of the programme per delegate:** This is a funded program.

## APPLICATION FORM

**APPLICATIONS WILL NOT BE CONSIDERED WITHOUT THE FOLLOWING DOCUMENTS:**

- CV, CERTIFIED COPY OF ID AND CERTIFIED COPY OF ACADEMIC QUALIFICATIONS
- PROOF OF RESIDENTIAL ADDRESS IN FORM OF A UTILITY OR RETAIL BILL NOT OLDER THAN 3 MONTHS, A LEASE AGREEMENT OR AN AFFIDAVIT FROM THE LANDLORD
- LETTER OF SUPPORT FROM COMPANY

STUDENT NO.

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YEAR OF STUDY

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CAMPUS OF STUDY

Place cross in appropriate box

SARETEC, Bellville	
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HAVE YOU COMPLETED ANY COURSES AT THE CAPE PENINSULA UNIVERSITY OF TECHNOLOGY?

YES		NO		IF YES, ENTER STUDENT NUMBER															
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IF YES, NAME THE COURSE / DIPLOMA / DEGREE STUDIED / COMPLETED?

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HIGHEST QUALIFICATION OBTAINED

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ACADEMIC DETAILS OF THE DEGREE. (PLEASE INDICATE ELECTRICIAN, MILLWRIGHT, MECHATRONICS, OTHER ECT)

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SURNAME

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INITIALS

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ID NO / PASSPORT NUMBER

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FIRST NAMES

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DATE OF BIRTH (DD-MM-YY)

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All applications to be emailed electronically to [lourensn@cput.ac.za](mailto:lourensn@cput.ac.za).

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Swaziland	105
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Any other African Country	121
Europe	131

**POPULATION GROUP (cross number)**

African	4
Coloured	2
Indian	3
White	1
Other	5

**CITIZENSHIP (cross number)**

South Africa	100
Namibia	101
Zimbabwe	102
Lesotho	103
Botswana	104

Mozambique	106	Asia	141
Angola	107	North America	151
Zambia	108	South America	161
Malawi	109	Australia	171
If other, please specify:			

**DISABILITY**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, please indicate	<input type="text"/>
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**RESIDENTIAL ADDRESS (WHILE STUDYING)**


**POSTAL ADDRESS**


**HOME NUMBER (include code)**

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**CELL NUMBER**

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**WORK NUMBER (include code)**

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**FAX NUMBER (include code)**

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**EMAIL ADDRESS**

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**NEXT OF KIN CONTACT NUMBER**

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**RELATIONSHIP (e.g. father, etc.)**

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**NEXT OF KIN NAME & SURNAME**

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**CURRENT EMPLOYER**

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**COMPANY POSTAL ADDRESS**


**NAME OF CONTACT PERSON AT COMPANY**

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**DESIGNATION OF CONTACT PERSON AT COMPANY**

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**CONTACT PERSON CELL NUMBER**

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**CONTACT PERSON AT COMPANY EMAIL ADDRESS**

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**WORK EXPERIENCE IN THE WIND ENERGY SECTOR. (SHOULD YOU HAVE ANY WORKING EXPERIENCE, PLEASE INDICATED IN THE BLOCK WITH FULL DETAILS)**

**DECLARATION:**

I, \_\_\_\_\_  
the undersigned, declare that all the particulars supplied by me in this form are true, complete, and correct. I accept that incorrect or misleading information could lead to the cancellation of this application.

- to comply with all the rules and regulations, including the disciplinary rules, of the Cape Peninsula University of Technology and SARETEC, including any amended thereof as published from time to time and to acquaint myself with all the provisions thereof;
- to notify SARETEC immediately if I abandon my course of studies and / or change my address;

I undertake that I will not hold the Cape Peninsula University of Technology liable nor make any claim against the University for any compensation and / or any expenses incurred or damages suffered as a result or in respect of any injury to me or illness or my death, irrespective or whether any such damages, injury or death may have been attributable to any degree of negligence on the part of the University or one or more of its employees or other person for whose actions it might, but for this undertaking, have been responsible.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**  
(to be signed in front of witness)

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**SURNAME AND INITIALS**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF WITNESS**

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**SURNAME AND INITIALS OF WITNESS**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE FROM COMPANY HR**  
(if applicable)

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**SURNAME AND INITIALS**

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**DATE**