Western Cape Government
Infrastructure
FOR YOU

A

EPWP: CONTRACTOR DEVELOPMENT TRAINING PROGRAMME
TRAINING AND MENTORING PROGRAMME FOR CIDB GRADE 1GB PE / 1CE PE TO 2GB / 2CE CONTRACTORS
PLEASE ANSWER ALL QUESTIONS ON SECTIONS A, B AND C

PERSONAL DETAILS:	**Please tick where applicable**		**✓ tick where applicable**	
Current Region of Residence	☐ Cape Metro ☐ Eden ☐ Winelands ☐ Overberg ☐ Central Karoo ☐ West Coast		**TOWN:**	***Training interventions offered by the Contractor Development Programme. Please speak to the coordinator of this programme to get more information.***
Surname		**First Name/s**		*1. Day Construction Information Session* ☐
Date of Birth		**ID Number**		*2. 8 Week Training Program* ☐
Race	☐ African ☐ Coloured ☐ White ☐ Indian ☐ Others specify	**Gender**	☐ Male ☐ Female	*3. Advanced Training and Mentoring* ☐
Disability	☐ Yes ☐ No	If yes, please specify		*4. 5 Day Health and Safety* ☐
Address			**Postal Code**	
Contact Number/s	Home:	Office:	Cell 1:	Cell 2:
E-mail address 1		**E-mail address 2**		
Name of family member or friend:			**Contact number of family member or friend:**	
Email address of family or friend:				

YOUR COMPANY INFORMATION:

Company Name: _____ **Company address:** _____

Company Contact no: _____ Company Registration no: _____

Are you CIDB registered ☐ Yes/ ☐ No Reg no: ..... Is your company BBBEE Registered ☐ Yes/ ☐ No Reg no: .....

Are you registered on the Western Cape Supplier Evidence Bank ☐ Yes/ ☐ No Reg no: ..... Is your company registered on any other body ☐ Yes/ ☐ No

Are you registered on the Central Supplier Database ☐ Yes/ ☐ No Reg no: ..... Name of other registering body: _____ Reg no: .....

Please provide your highest CIDB grading: _____ **(GB1 PE / CE2 / 3GB)** **What does your company specialize in** _____

Also provide any other cidb categories you have registered and proof of cidb registration: _____

EDUCATION AND TRAINING BACKGROUND:

Have you ever participated in any training or mentoring programme offered by the Department of Infrastructure, (formally known as Department of Transport and Public Works or Department of Human Settlements):
☐Yes ☐No
If yes, please list the training:

Have you ever participated in any training or mentoring programme offered by any Government Department or Private Sector Company or Organization: ☐Yes ☐No

If yes please list the training:

Highest Qualification:		Name of School/ Institution	

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Please take note that in order for you to qualify for the Training intervention your Company must have at least a Cidb grade registration of 1PE to 2PE; eg; (1GB PE/2CE/2CE PE). You must also be the owner or co-owner of the company, or you must be directly involved in all aspects of Management and Decision Making in the company. You can also not allow anybody to attend the training or interact with the Training Service Provider / Training Facilitator on your behalf once you are accepted to participate in the CDP programme. `

Western Cape Department of Infrastructure

Please tell us a little more about your company

B

1. *Briefly describe the nature of your company or business.*

2. *Please provide a list of projects your company is currently busy with: (if any). Please give start and end dates.*

a.

b.

c.

3. *Please give a list of projects your company completed recently: (if any) please give start and end dates.*

a.

b.

c.

4. *Please give a list of Tenders your company are currently completing and wish to submit. (if any). Briefly explain nature of tender/s.*

a.

b.

c.

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C

5. *Please give a list of Tenders your company completed (if any) and submitted and now waiting on responses.*	6. *Briefly explain why you think your company can benefit from the Departments Mentoring Programme.*
a. _____	_____
_____	_____
b. _____	_____
_____	_____
c. _____	_____
_____	_____

7. *Briefly describe some of the challenges you are facing in your company (if any)*: _____

_____

_____

8. *Describe and explain your position in the company:* _____

_____

9. *How many employees do you have in your company (if any):*	*Permanent:*	*Part Time / Contract:*

Declaration by Applicant:
I hereby confirm that all the information provided is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my contract terminated. I give the Department permission to contact me for training opportunities or share my details. ☐ Yes/ ☐ No

Signature of Applicant: _____ **Date:** _____