



MUSCULAR DYSTROPHY FOUNDATION OF SOUTH AFRICA

NATIONAL OFFICE
 P O Box 605, FLORIDA HILLS, 1716
 Tel: (011) 472-9703 – Fax: 086 646 9117
 Email: national@mdsa.org.za
 Website: www.mdsa.org.za
 Reg. No. 004-152 NPO

APPLICATION FOR EMPLOYMENT

Please Note: Certain sensitive information may be requested in this application. This information is requested to fulfill requirements in terms of the Employment Equity Planning.

1. APPLICATION DETAILS

Position Applied For: Muscular Dystrophy Foundation: Deputy Director
How did you come to know about this position:

2. BIOGRAPHICAL DATA

Surname:												Initials:				
First Names:																
Known As:												Title:				
Gender:		M		F		Date of Birth:										
Identity Number:																
Nationality:								Passport Country of Issue:								
Passport Number:																
Race:	Asian		Black		Coloured		White		Permanent Resident				Y		N	
Home Language:								Other Languages:								
Type of Disability:																
Marital Status:								Maiden Name:								



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3. ADDRESS DETAILS

Residential Address:	Unit No:		Complex:	
Street No:		Street / Farm Name:		
Suburb / District:				
City / Town:		Postal Code:		
Postal Address:				
Line 2:				
Line 3:		Postal Code:		
Cell Number:		Home Number:		
Name of Next of Kin:				
Relationship:		Tel No for Next of Kin:		

4. KNOWLEDGE / QUALIFICATIONS

Highest Qualification:					
Start Date:				End Date:	
Institution:					
Other Relevant Qualifications:					
Start Date:				End Date:	
Driver's License:	Y		N	Type of License:	
Professional Membership:					
Organisation:					
Registration Number:					



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5. CURRENT EMPLOYMENT DETAILS

Name of Current Employer:				Job Title:			
Start Date:				Reason for Leaving:			
Current Salary:				Expected Salary:			
Have you ever been dismissed:		Y		N			
Do you consent to us contacting your current employer:		Y		N			
If No, please give reason:							
Have you previously been offered a position or been employed by the MDF or do you serve on any of its committees.		Y		N			
If Yes, please give details:							
Are any of your relatives employed by the MDF or serve on any of its committees (past or present)		Y		N			
If Yes, please give details:							
Do you consent to us conducting reference checks from the referees listed below:		Y		N			
Name:				Company:			
Position:				Tel No:			
Name:				Company:			
Position:				Tel No:			

6. MEDICAL HISTORY

Are you receiving any medical treatment at present:		Y		N	
If Yes, please supply details:					
Have you received disability benefits:		Y		N	
If Yes, please supply details:					



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7. INDEMNITIES

I acknowledge that I have applied for a position with The Muscular Dystrophy Foundation of South Africa (MDF) and accept that the MDF places a premium on a relationship of trust with its employees and that it must take reasonable steps to ensure the integrity and honesty of applicants for employment. In the light of the high degree of trust required by my possible employment I, by my signature hereto, agree to the following:

That the MDF may at any time enquire or conduct reference checks concerning my employment history.

That the MDF may conduct a credit and/or criminal check enquiry with any service of their choice.

I understand that my employment will be subject to me supplying the MDF with certified copies of my qualifications, my identity document and any other information required by the MDF for the purposes of this application.

I certify that the information supplied in this application is true, correct and complete in every aspect. I understand and accept that any incorrect or incomplete information may lead to my offer of employment being withdrawn or my service contract being terminated.

If employed, I agree to abide by the rules, regulations and procedures of the MDF as applied to such employment.

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dd / mm / yyyy

Signature of applicant /
Signature of legal Guardian

Date:

APPLICATION PROCEDURE

Please submit this application form as well as an **abridged** Curriculum Vitae to the National Office of the Muscular Dystrophy Foundation of South Africa utilizing one of the following methods:

- a. Post
- b. E-mail (all documents to be scanned in PDF format)
- c. Fax

Closing Date for application: 12:00, Wednesday, 30 November 2011.