human settlements
Department:
Human Settlements
REPUBLIC OF SOUTH AFRICA

SHRA
SOCIAL HOUSING REGULATORY AUTHORITY

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. DECLERATION:

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:**