

PUBLIC NOTICE RECRUITMENT OF EPWP BENEFICIARIES

Lepelle-Nkumpi Local Municipality calls upon all the eligible community members within the respective wards to participate in recruitment of EPWP beneficiaries for the financial year 2020/2021 as per project listed below. Due to COVID 19, an application process will be through submission of form.

WARD	NUMBER	REQUIREMENTS
04,07,08,12,13, 14,21,22,23,26	06 per Ward	Unskilled
15,16,17,18	10 per Ward	Unskilled
01,02,03,05,06, 09,10,11,19,20,24, 25,27,28,29,30	05 per Ward	Unskilled
04,21,22,24	02 each Ward	Unskilled
02	06	Unskilled
All Wards	06	Skilled (Grade12)
_	04,07,08,12,13, 14,21,22,23,26 15,16,17,18 01,02,03,05,06, 09,10,11,19,20,24, 25,27,28,29,30 04,21,22,24	04,07,08,12,13, 14,21,22,23,26 15,16,17,18 10 per Ward 01,02,03,05,06, 09,10,11,19,20,24, 25,27,28,29,30 04,21,22,24 02 each Ward 02 06

Closing date: 31 July 2020

All those who are legible and wishes to participate must complete an application form obtainable from Ward Councillors and submit at Registry @ Civic centre and are encouraged to contact Ward Councillors for more details. For enquiries please contact Mphahlele C R at (015) 633 4522, or Kanyane L at (015) 633 4574

Mr. Gafane LA Acting Municipal Manager



EXTENDED PUBLIC WORKS PROGRAMME

LEPELLE-NKUMPI LOCAL MUNICIPALITY

Postal Address
Private Bag X07
CHUENESPOORT
0745

www.lepelle-nkumpi.gov.za

Physical Address 170 BA Civic Centre LEBOWAKGOMO, 0737 Tel: (+27)15 633 4500

Fax: (+27)15 633 6896

RECRUITMENT FORM

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URNAME								'	FULL NAMES						
TITLE	WARD:														
RESIDENTIAL ADDRESS															
CELL NO		П	П												
D NO															
TAX REFERENCE	NO.														
PLEASE TICK WH	CHEVER	IS APPL	ICABLE									YES		NO	
DO YOU HAVE A DISABILITY?				IF	IF YES BRIEFLY EXPLAIN						-				
HAVE YOU EVER PARTICIPATED IN ANY EPWP PROJECT SINCE JULY 2016				IF	IF YES BRIEFLY EXPLAIN										
					•'										
ARE YOU FROM INDIGENT HOUSEHOLD?				11	IF YES ,PROVIDE PROOF/AFFIDAVIT									0.5	
					-									+	
ARE YOU FROM A CHILD HEADED FAMILY?			"	IF YES , PROVIDE PROOF/ AFFIDAVIT											
	-	18			1				2.7						
ertify that all the in	ormation	provide	d is true	and o	orre	ct to the	e best of	my kn				EPFLI	E NW	HOSDI N	MINICIDALIT
GNATURE				DATE					MUNICIPAL MANAGER						
LIDATION BY WA	RD COUR	CILLOR	AND W	ARD	COM	MMITTI	EE:		A 11		-		204	20 .02	2.2
										2020 -07- 2 3					

"Motho ke motho ka batho"