



**WESTERN CAPE & BOURGOGNE FRANCHE-COMTÉ  
EXCHANGE PROGRAMME 2024/25  
(aka Burgundy Exchange Programme)  
APPLICATION FORM:**

<b>A. PERSONAL INFORMATION:</b>				
Full names				
ID Number				
Age (years)				
Gender (tick the correct box)	Male		Female	
Race (tick the correct box)	African	Coloured	Indian	White
Residential (Home) address:				
			Postal Code:	
Work address:				
			Postal Code:	
Contact numbers:	Home:			
	Work:			
	Cell:			

Marital status (please tick the appropriate box)	Single:	Married:	Divorced:	Widowed:
Do you have any dependents?	Yes		No	
How many dependents?				
Are you in possession of a valid SA passport? (tick the appropriate box)	Yes		No	
	Expiry date:			

<b>B. EDUCATION HISTORY:</b>	
Highest standard/ grade passed	
Name of school	

<b>C. CURRENT EMPLOYMENT:</b>	
Employer:	
Name of contact person:	
Position:	
Telephone number:	
E-mail address:	
Duration of employment of applicant at company:	

<b>D. PREVIOUS EMPLOYMENT HISTORY:</b>		
Provide employment history for the past 5 years (business, period, position):		
<b>Business</b>	<b>Period</b>	<b>Position</b>

<b>E. LANGUAGE PROFICIENCY – state good, fair or poor</b>			
<b>LANGUAGES (specified)</b>			
Speak	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>
Read	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>
Write	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>

<b>DECLARATION</b>	
<i>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 being disqualified.</i>	
<b>Signature:</b>	<b>Date</b>

**NOTE: If you receive no communication from us within two weeks after the closing date your application was not successful**