APPLICATION FORM

CONTACT CENTRE/DEBT COLLECTOR PROGRAMME– CAPE TOWN

This is an entry level programme aimed at school leavers who reside in Cape Town and are interested in training in a debtors contact centre environment.

INSTRUCTIONS TO APPLICANT

Print and complete this form in your own handwriting. All fields are to be completed. If your form is incomplete your application will not be considered.

Forward **only** the **completed application form**, a **certified copy** of your **ID** and **matric certificate** to aphiwokuhle.stokwe@pathcare.co.za with **Contact Centre, your name and surname, and cell number** in the subject line of the email. Applications close **Friday 2 October 2026.**

Please do not send your CV or any additional documents at this stage.

Competency Requirements:

- Grade 12 pass with proficiency in literacy and numeracy
- Computer literate
- Effective written and verbal communication
- Ability to concentrate effectively, pay good attention to detail and problem solve
- Fluent in English and understand basic Afrikaans

Note: applicants who have not followed all the instructions and accurately and thoroughly completed the application form, or who have not provided certified copies of the required documents will not be considered.

If you do not receive notification from us (via SMS to the number provided) to participate in the initial screening tests/interviews, please accept that your application has not been successful.

First Names:	Surname:
South African ID number:	

Home address:	
Cell number:	Alternative contact number:
Email address:	Home language:
Second language:	Other languages:
Disability: YES NO (Please circle one option)	
High School attended:	Grade 12 completion year:
Tertiary Institution attended (if any):	Dates attended and course of study (whether complete or incomplete):

Employment History (include <u>ALL</u> permanent and casual work)					
Start to end dates	Company Name	Position held	Reason for leaving	Name of Manager	X2 Contact numbers (**<u>LANDLINE</u>** and cell)

I…….. (full names) declare that I have provided accurate information in this application. I understand that any misrepresentation or omission of facts in my application will result in my application not being considered by PathCare.

……..(Signature…….. (Date)