



social development

Department:
Social Development
North West Provincial Government
REPUBLIC OF SOUTH AFRICA



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CORPORATE SERVICES

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To : All Staff Members

From : Mr T.P.L. Mosieleng
Chief Director: Corporate Services

Subject : Social Auxiliary Work Learnership (NQF 5)

Purpose

The Department invites officials who are already appointed as Social Auxiliary Workers and are interested to participate in the Learnership programme for National Certificate in Social Auxiliary Work (NQF 5).

Background

The Department has secured funding from Health and Welfare Sector Education and Training Authority (HWSETA) for twenty (20) permanent Social Auxiliary Workers. The number will be divided equally in all Districts (5 per District).

The learnership will be for one year (2025-2026) amounting to R18 000 00 per learner. The learnership, as outlined in the Departmental Education and Training Policy will cover for training only.

Suitable candidates will be selected by the Provincial training committee which shall have assessed all applications received in line with the set criteria. **People with disability are encouraged to apply.**

Procedure

Applications should be submitted to the Human Resource Utilization and Capacity building Unit in the Provincial Office. The forms must be accompanied by certified copies of ID, certified copies of matric certificate, certified copies of highest qualification and confirmation of employment. Successful candidates will be required to sign Learner Agreement with the Health and Welfare Sector Education and Training Authority (HWSETA).

The closing date for applications is **16 January 2026**.

NB: Kindly note that faxed/emailed applications will not be accepted.


Mr T.P.L Mosieleng
Chief/Director: Corporate Services

12/2/2025
Date



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SOCIAL AUXILIARY WORK LEARNERSHIP APPLICATION FORM FOR EMPLOYEES

Section A: Personal Data

1.ID Number										
2. Name/s										
3.Surname										
4.Gender	Male	Female	Others	5.Race						
5.Disability	Yes	No								
6. Occupation										
7. Date of Appointment	___/___/___			8. Type of Appointment						
				Contract Worker			Permanent Employee			
8. District / Program	e.g. NMM/ Corporate Services									
9. Component	e.g. HR/ SCM									

10. Contacts	Tel (W) _____ (H) _____ (C) _____ E-mail _____
	Postal Address:

Section B: Educational Qualifications

11. Highest Qualification	
12. Year Obtained	

Section C: Declaration By Applicant

13. I declare that the information provided including attachment is complete and correct. I understand that any false information supplied would lead to my application being disqualified.

Signature:

Date:

FOR OFFICE USE ONLY

Remarks:

Chairperson of the Training Committee Signature: