

SCHEDULE A

FORM 1

APPLICATION FOR APPOINTMENT AS MAGISTRATE

{Regulation 4 (1)}

NOTE: This form is to be completed in ink in your own handwriting and in block letters. The following documentation shall accompany the application form:

- (a) Certified copy of your identity document.
- (b) Health questionnaire.
- (c) Certified copies of all educational qualifications.
- (d) Service certificates, or, if not available, an affidavit by you, regarding your previous periods of service.
- (e) Testimonials by previous employers.
- (f) Affidavit of assets and liabilities.

A OFFICE DESIRED

1. Office desired

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2. Centres where appointment is preferred, in order of preference

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3. When can you accept service?

B ADVERTISING PARTICULARS

1. Reference number (if any)

.....

C PERSONAL PARTICULARS

1. Surname (also maiden name if applicable)

.....

2. First names

.....

.....

3. Permanent postal address

.....
.....
.....
.....

Code:.....

4. Telephone numbers

(H)
(W)

5. Indicate with a X:

(i) Male	.....	(v) Divorced	.....
(ii) Female	.....	(vi) Widower	.....
(iii) Married	.....	(vii) Widow	.....
(iv) Unmarried	.....	

6. Number and age of dependent children

7. Date of birth

8. Identity Number

9. Are you a South African citizen? If not, give nationality

10. Indicate:

(i) Have you ever been found guilty of a criminal offence?

(ii) Have you ever paid an admission of guilt for any offence?

(iii) Have you ever appeared in a court as an accused?

(iv) Have you ever received a deferred fine?

(v) Was the imposition of sentence ever deferred in your case?

(vi) Have you ever been imposed a suspended sentence?

If you have answered positively to any of the questions in paragraph 10, attached hereto full particulars thereof.

11. Official language in which you prefer to receive your correspondence

D LANGUAGE PROFICIENCY

Mention "good", "fair", "bad"

Speak

Read

Write

Afrikaans	English	Other (specify)

E QUALIFICATIONS

Name of educational institution and centre	Certificates, diplomas and degrees obtained	ALL SUBJECTS: (Underline major subjects. In the case of typewriting and shorthand, state languages and speed)	Month and year and place obtained	Normal duration of course	How was the highest qualification obtained? Indicate with an X in the appropriate spaces
School/Technical College	Name only highest qualification				Mainly full-time study
					Mainly part-time study
					Mainly own expense
University and other courses	Mention all qualifications				Mainly State expense
Name field of further study (if any)					

F EXPERIENCE

Employer (also present)	Position filled	From			To			Reason for leaving
		Y	M	D	Y	M	D	

I declare that the above-mentioned particulars are complete and correct and understand that if I give any false information, I may be found guilty of misconduct.

.....
Signature

.....
Date

DO YOU SUFFER OR HAVE YOU SUFFERED FROM -	MARK WITH A CROSS IN THE APPROPRIATE COLUMN		IF ANY ANSWER IS YES, GIVE DETAILS OF THE NATURE, SEVERITY, DATE AND DURATION OF THE ILLNESS
5. Any affection of the chest or respiratory system?	Yes	No	...............
6. Any affection of the digestive system?	Yes	No	...............
7. Any affection of the urinary system and/or genital organs?	Yes	No	...............
8. Any nervous affection or mental abnormality?	Yes	No	...............
9. Any other illness?	Yes	No	...............

C.

	Yes	No
1. Do you suffer from any defect of hearing, speech or sight?		
2. Are you physically disabled and do you use artificial limbs?		
GIVE DETAILS OF THE NATURE AND SEVERITY OF THE DISABILITY		
.....		

D.

	Yes	No
1. Have you undergone any operation(s)?		
GIVE DETAILS OF THE NATURE AND DATE OF THE OPERATION(S)		
.....		

E.

I declare that the above information is true and correct and that I have not withheld any information regarding my health and understand that any false information supplied could lead to my being immediately found guilty of misconduct.

.....
Signature

.....
Date