**SACNASP WORK EXPERIENCE REPORT**

**NOTES FOR COMPLETING THIS REPORT:**

1. Add extra blocks or additional lines for more than two jobs undertaken or for more information per section.
2. Start with the latest/current/most recent work experience/job and work your way back to your first job/contract.
3. All jobs quoted in the most recent three years of experience MUST be accompanied by a copy of the Job Description/Profile AND the Letter of Appointment to the said job. If the letter of appointment is not available, a letter confirming that the incumbent holds the position from the employer can be supplied (without this evidence, the work experience quoted will NOT be taken into consideration).
4. For consultants/contractors, kindly include a copy of your contract letter of appointment or reference letter from the client for contracts awarded/undertaken, and the client (contractor owner/project manager) contact details.
5. Kindly exclude (block out) personal privacy details (salary, contract price, etc.) when submitting official letters of appointment.
6. Any missing information, misrepresentation and/or deliberate errors of fact, will render the application null and void and could bar the applicant from registration with SACNASP.
7. This Work Experience Report MUST be signed, dated, converted to PDF and returned to SACNASP soonest.

**JOB 1 (latest/current)**

|  |  |
| --- | --- |
| Date: from (day/month/year) to (day/month/year) |  |
| Location |  |
| Company/organization |  |
| Department |  |
| Position/Title (attach Job Profile and Letter of appointment) |  |
| Tasks/Projects undertaken/completed |  |
|  | |
|  | |
|  | |
|  | |
|  | |
| Manager/Supervisor/Client representative |  |
| Manager/Supervisor/Client contact no. | Landline: |
|  | Cell.: |
|  | E-mail: |
|  |  |

**JOB 2**

|  |  |
| --- | --- |
| Date: from (day/month/year) to (day/month/year) |  |
| Location |  |
| Company/ organization |  |
| Department |  |
| Position/Title (attach Job Profile and Letter of appointment) |  |
| Tasks/Projects undertaken/completed |  |
|  | |
|  | |
|  | |
|  | |
| Manager/Supervisor/Client representative |  |
| Manager/Supervisor/Client contact no. | Landline: |
|  | Cell.: |
|  | E-mail: |
|  |  |
|  | |

I, ………………………………………… (full name), with ID No. ……………………

do hereby state that I personally compiled this Work Experience Report and that it is an honest reflection of my work experiences to date. I understand and accept that SACNASP will not register me if there are misrepresentations or factual errors in this report.

……………………………………….. …………………………

SIGNED DATE