



DECLARATION BY EMPLOYEE
(Confidential)

PLEASE READ THIS FIRST

PURPOSE OF THIS FORM

This form is used to obtain information from employees for the purpose of assisting employers in conducting an analysis on the workforce profile. Designated employers should use this form to ascertain which employees are from designated groups in terms of the Employment Equity Act, 55 of 1998, as amended.

WHO COMPLETES THIS FORM?

All employees must fill in this form.

INSTRUCTIONS

All designated employers must ensure that the contents of this form remain confidential, and that it is only used to comply with the Employment Equity Act, 55 of 1998, as amended.

PLEASE NOTE:

'Designated groups', mean black people, women and people with disabilities who-

- a) Are citizens of the Republic of South Africa by birth or descent; or
- b) Became citizens of the Republic of South Africa by naturalization –
 - (i) before 27 April 1994; or
 - (ii) after 26 April 1994 and would have been entitled to acquire citizenship by naturalization prior to that date but who were precluded by Apartheid policies.

"People with disabilities" includes people who have a long -term or recurring physical, mental intellectual or sensory impairment, which in interaction with various barriers, may substantially limit their prospects of entry into, or advancement, in employment, and 'persons with disabilities' has a corresponding meaning.

1. Name of employee: -----

2. Employee workplace No: -----
(This is the number that an employer /company /organization uses to identify an employee in the workplace).

3. Please indicate to which categories you belong with an 'X' below:

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>

African	Coloured	Indian	White
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

People with a disability	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>

Do you require reasonable accommodation: Yes No

If yes, please specify:

4. Please select the applicable option below:

Foreign Nationals	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>

If you are not a citizen by birth, please indicate the date you acquired your citizenship: -----

I declare that the above information is true and correct.

Signed: -----
Employee

Date: -----