

ADeC Candidate Application Form

Candidate Information

Please fill in the section below with your personal information. It is important that this information is correct as it may be used to contact you during the process.

Personal Details

Title _____

First Name _____

Last Name _____

Preferred Name _____

ID Number

Date of Birth / /

Gender Male Female

Photograph

PLEASE ATTACH A PHOTOGRAPH OF YOURSELF HERE OR TO THIS DOCUMENT

Contact Details

Home Address _____

Town or City _____

Code _____

Province _____

Postal Address _____

Town or City _____

Code _____

Province _____

Phone Number _____

Cell Number _____

Email _____

Candidate Application Particulars

This section identifies information about where you are applying for Constituency Candidate.

In which Constituency are you applying to stand for Constituency Candidate?

Province _____

Constituency _____

Which list are you applying for?

National List Provincial List

Particulars of your References

Please identify the individuals who have endorsed you to stand as Constituency Candidate for the African Democratic Change in the 2019 national elections. You must have between 2 and 6 influential members of your constituency, and 2 organisations that you have worked with in the past. Please make sure that their contact details are correct.

Reference 1

ID Number _____

First Name _____

Last Name _____

Cell Number _____

Email Address _____

Organisation _____

Reference's
Signature _____

Reference 2

ID Number _____

First Name _____

Last Name _____

Cell Number _____

Email Address _____

Organisation _____

Reference's
Signature _____

Reference 3

ID Number _____

First Name _____

Last Name _____

Cell Number _____

Email Address _____

Organisation _____

Reference's
Signature _____

Reference 4

ID Number _____

First Name _____

Last Name _____

Cell Number _____

Email Address _____

Organisation _____

Reference's
Signature _____

Reference 5

ID Number _____

First Name _____

Last Name _____

Reference 6

ID Number _____

First Name _____

Last Name _____

Cell Number _____
Email Address _____
Organisation _____
Reference's
Signature _____

Cell Number _____
Email Address _____
Organisation _____
Reference's
Signature _____

Particulars of Organisations You Have Worked With

Organisation 1
Company Reg.
Number _____
Name _____
Email Address _____
Contact
Number _____

Organisation 2
Company Reg.
Number _____
Name _____
Email Address _____
Contact
Number _____

Declaration and Undertaking

Your Undertaking:

I, the hopeful candidate, wish to apply for this opportunity and declare that all information in this form, and all other forms relating to my candidature, are (to the best of my knowledge) complete and true. You are required to sign this section and have it witnessed by a Commissioner of Oaths.

I understand and agree

I understand that if any material omission or falsehood is discovered, that I will be automatically disqualified from participating in the candidate selection process and that it may lead to disciplinary action.

In light of this I, the hopeful candidate, declare the following to be true:

I am a member of the African Democratic Change

I am familiar with the provisions in the ADeC Code of Conduct and will abide by these provisions

I am familiar with, subscribe to, support, and will propagate the ADeC Vision, Mission, Values, Policy and Programmes of Action of ADeC.

I understand that, if elected, I will be required to pay monthly tithes of R10 000.00 to ADeC for the duration of my term in Parliament.

I am familiar with the ADeC Constitution, and if Provincial Constitutions of ADeC and will abide by these provisions at all times.

I am familiar with the Job Description of the Constituency Candidate and understand that, if elected, the requirements outlined will be the terms of my employment as a public representative.

I will attend and participate in a course or any other instruction for candidates, if this is required, and meet the specified outcomes required by the course or instruction.

I understand and accept that as soon as it is permitted to do so by law, ADeC will select people to fill any vacancies, which may occur subsequent to this election, on an ad hoc basis.

I will strive to implement the provisions of the ADeC Election manifesto.

I understand that if I am not elected in this election, I shall not have any preferential or priority claim to fill any subsequent vacancy which may occur, irrespective of my position on any list in this Election.

I will carry out and adhere to any requirements that may be required by the National Board relating to my conduct as a Constituency Candidate.

I acknowledge that I will be required to personally work in my election campaign, and if I do not do so, I may be required to step down as The Constituency Candidate

I understand and accept that should I be elected as Constituency Candidate within my Constituency and become part of any governmental structure, I will be fully accountable to the members of my Constituency and the ADeC National Board at all times throughout my term in government.

Until such time as I have been officially selected as a Constituency Candidate, I will have no direct contact with the media, unless it is through a channel authorised by the ADeC National Board.

Please answer the following questions:

Have you ever been charged with or convicted of any criminal offence?

Yes No

If yes, please give the appropriate details:

Have you ever been investigated by a duly constituted state agency for any alleged civil or criminal misdemeanors?

Yes No

If yes, please give the appropriate details:

Has your estate ever been provisionally or finally sequestrated?

Yes No

If yes, please give the appropriate details:

Are there any civil or criminal proceedings pending against you?

Yes No

If yes, please give the appropriate details:

Is there anything else that should be brought to the attention of the ADeC National Board or the ADeC Selection Panel that may affect your candidature or embarrass ADeC should it be made public?

Yes No

If yes, please give the appropriate details:

Is there anything relating to your health that would affect your ability to serve as a Constituency Candidate?

Yes No

If yes, please give the appropriate details:

Are you a registered voter on the National Common Voters Roll within the Constituency in which you want to stand as a Constituency Candidate?

Yes No

If yes, please give the appropriate details:

Have you previously applied to be a Constituency Candidate through ADeC?

Yes No

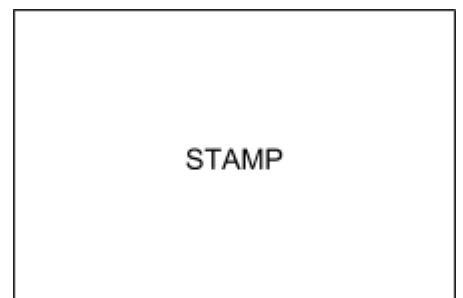
If yes, please give the appropriate details:

Your Signature

Commissioner of Oaths Signature

Date: / /

Commissioner of Oaths Full Name



Tell us about up to three community groups or organisations that you are involved with:

Community Group/Organisation 1

I joined _____ in

Y	Y	Y	Y
---	---	---	---

 as _____.

The work that I have done with with this group/organisation includes:

Community Group/Organisation 2

I joined _____ in

Y	Y	Y	Y
---	---	---	---

 as _____.

The work that I have done with with this group/organisation includes:

Community Group/Organisation 3

I joined _____ in

Y	Y	Y	Y
---	---	---	---

 as _____.

The work that I have done with with this group/organisation includes:

Have you received any awards or commendations for the community work that you have done?

I received _____ in

Y	Y	Y	Y
---	---	---	---

 for _____.

I received _____ in

Y	Y	Y	Y
---	---	---	---

 for _____.

I received _____ in

Y	Y	Y	Y
---	---	---	---

 for _____.

Employment History

Please give us a brief, recent employment history, putting your most recent jobs first. We will not contact employers without your permission, unless you have named them in your references section at the beginning of this form.

Please tell us about your past and current employment, listing your most recent jobs first:

Employer _____ Role _____

Year Started Year Left

Employer _____ Role _____

Year Started Year Left

Employer _____ Role _____

Year Started Year Left

Employer _____ Role _____

Year Started Year Left

Employer _____ Role _____

Year Started Year Left

Skills and Knowledge

Please provide information your skill level to assist the National Board and Selection Panel to gauge your capabilities.

How would you describe your computer skills? None Basic Average Very Good Excellent

Do you have a valid driver's license? Yes No

I have language skills in:

English None Basic Average Very Good Excellent

Afrikaans None Basic Average Very Good Excellent

isiXhosa None Basic Average Very Good Excellent

isiZulu	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
isiNdebele	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sepedi	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sesotho	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setswana	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SiSwati	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tshivenda	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Xitsonga	None	Basic	Average	Very Good	Excellent

I have political skills in:

Oration/Debate	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Party Roles	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Whip/Caucus Mgt)	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolving Citizen Issues	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media and Communications	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Public Meetings	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Campaign Management	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Development	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADeC Values and Policies	None	Basic	Average	Very Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other skills (optional):

List your Educational and Training Qualifications:

1. _____ Year Gained:
2. _____ Year Gained:
3. _____ Year Gained:
4. _____ Year Gained:
5. _____ Year Gained:

Candidate Personal Statement

Please tell us a little about why you are interested in becoming a Constituency Candidate and explain to us what you believe you can offer South Africans, specifically those residing within your Constituency, by your input in government.

Your motivation for becoming an ADeC Constituency Candidate:

Please let us know why you want to become a Constituency Candidate and represent your Constituency in government?

Please let us know what you wish to achieve and your priorities should you be elected to government through ADeC?

Please tell us what skills and experience you have that would make you a good Constituency Candidate?

Signed at: _____ on _____ 20____.
Place Date

Signed: _____ Name: _____

Please kindly submit all completed applications to applications@adec.org.za or fax to 086 552 6519.