DEPARTMENT OF LABOUR

(*Confidential*)
Declaration by employee

PLEASE READ THIS FIRST

Purpose of this form

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

Who fills in this form

Employees should fill in this form.

Instructions

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.

'People with disabilities' are defined in the Act as people who have long-term or recurring physical or mental impairment, which substantially limits their prospects of entering into, or advancement in employment.

1. Name of employee : Your Name and Surname _____

2. Employee staff No: Ignore this field _____
(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:

Tick the relevant boxes below

Male ☐ Female ☐

African ☐ Coloured ☐ Indian ☐ White ☐

Foreign National: ☐

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

Person with a disability: ☐

Specify nature of disability:

_____

4. I verify that the above information is true and correct.

Signed: Your Signature _____
Employee

ID No: Your ID Number _____

Date: Todays Date _____