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| DECLARATION BY EMPLOYEE**(*Confidential)*** |
| **PLEASE READ THIS FIRST** | 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.)**1. Please indicate to which categories you belong with an ‘X’ below:

|  |  |
| --- | --- |
| Male  | Female  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| African | Coloured | Indian | White |
|  |  |  |  |

|  |  |
| --- | --- |
| Foreign National |  |

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

|  |  |
| --- | --- |
| Person with a disability |  |

 If yes, specify nature of disability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. I verify that the above information is true and correct.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EmployeeDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Purpose of this formThis 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 formEmployees should fill in this form.InstructionsAll 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.“Designated groups”, means black people and people with disabilities who-1. Are citizens of the Republic of South Africa by birth or descent; or
2. Became citizens of the Republic of South Africa by naturalization-
3. Before 27 April 1994; or
4. After 26 April 1994 and would have been entitled to acquire citizenship by naturalisation prior to that date but who were precluded by Apartheid policies

 ‘People with disabilities’ are defined in the Act as people who have long-term or recurring physical or mental impairments, which substantially limits their prospects of entering into, or advancement in employment.Please note that people have the right to disclose or not to disclose their disability.If people choose to disclose then sections 7,8 & 9 of the EEA 2 should be taken into consideration |

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| **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. 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?**Employees should fill in this form.**INSTRUCTIONS**All 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-1. Are citizens of the Republic of South Africa by birth or descent; or
2. Became citizens of the Republic of South Africa by naturalization –
3. before 27 April 1994; or
4. after 26 April 1994 and would have been entitled to acquire citizenship by naturalisation prior to that date but who were precluded by Apartheid policies

‘People with disabilities’ are defined in the Act as people who have a long-term or recurring physical or mental impairment, which substantially limits their prospects of entry into, or advancement in employment.\*Please note that people with disabilities have the right not to disclose their disability, unless it is in line with the inherent requirements of the job. | 1. Name of employee:-------------------------------------------------
2. Employee workplace No: -----------------------------------------

**(This is the number that an employer/company/organisation uses to identify an employee in the workplace.)**1. Please indicate to which categories you belong with an ‘**X**’ below:

|  |  |
| --- | --- |
| Male  | Female  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| African | Coloured | Indian | White |
|  |  |  |  |

|  |  |
| --- | --- |
| Foreign Nationals  |  |

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

|  |  |
| --- | --- |
| Person with a disability\* |  |

 If yes, specify nature of disability:------------------------------------------------------------------------------1. I verify that the above information is true and correct.

Signed: ------------------------------------------------------EmployeeDate: ------------------------------------------------------ |