

APPLICATION



To apply for floating membership please complete all questions.

Learner School Name:

Date of Application :

Full Name of Learner :

E-Mail :

Address :

Date of Birth (Y/M/D) :

Cell Number of Learner :

Town :

Grade in 2025 :

Gender : ☐ Male ☐ Female

Date Of Birth :

Parent/Guardian Information:

First Name :

E-Mail :

Last Name :

APPLICATIONS CLOSE : 18 APRIL 2025

1. Submit to juniorcouncil@matjhabeng.co.za
2. Submit to a Junior Councillor in the Matjhabeng Junior Council

You will be contacted via email for your interview after shortlisting.

THANK YOU FOR YOUR PARTICIPATION!

APPLICATION



MOTIVATION BY LEARNER

Write a short essay on why you should be selected. You can include information about your involvement in civic education, human rights, citizenship, community service activities and democracy.

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Learner Signature:

Parent/Guardian Signature: