



AUDITOR-GENERAL TRAINEE AUDITOR APPLICATION

Full name																
Gender	Male	Female	Race													
Contact no.						Alternative no.										
Email address																
ID no.																
Preferred location						2 nd preference										

Year of studies	1 st	2 nd	3 rd	BCTA	CTA1	CTA2	ITC	APT	THUTUKA
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Do you have a disability? YES NO *If yes, kindly specify the nature of disability below*

Sight disability	Hearing	Communication	Physical	Mental	Intellectual
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CURRENT STUDIES

Upload ID Copy

Upload Academic record

Upload CV

Qualification															
Institution															
Expected date of completion															

COMPLETED QUALIFICATIONS

Qualification															
Institution															
Date of completion															

CTA REGISTRATION

Year of CTA registration															
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OTHER COMPANIES

Are you signed up with any other organisation?															
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ARTICLES EXPERIENCE

How many years of article experience do you have?															
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WHY DO YOU CHOOSE AGSA?

