

APPENDIX B

PERSONAL DEVELOPMENT PLAN

rmp 14/7/17
2017

MS JN

ANNEXURE "B"

**PERSONAL DEVELOPMENT PLAN
(LED & PLANNING)**

MADE AND ENTERED INTO BY AND BETWEEN

THABA CHWEU LOCAL MUNICIPALITY

AS REPRESENTED BY

THOKA MAKORWANE PATRICK

AND

SINDISWA PATIENCE MATHEBULA

FOR THE

FINANCIAL YEAR 2016-17:

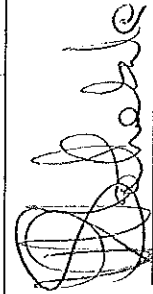
01 JULY 2017 – 30 JUNE 2018

14/7/2017
SPM
JAP

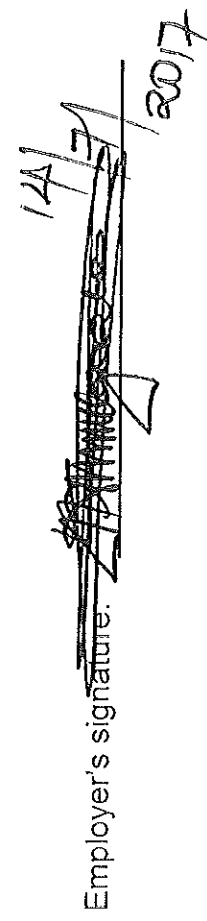
Personal Development Plan of: SINDISWA PATIENCE MATHEBULA

Compiled on (Date): 10 July 2017

1. Skills / Performance Gap (in order of priority)	2. Outcomes Expected (measurable indicators: quantity, quality and time frames)	3. Suggested training and / or development activity	4. Suggested mode of delivery	5. Suggested Time Frames	6. Work opportunity created to practice skill / development area	7. Support Person
1.	Operational efficiency - quality service delivery	Property Development and Investment Programme	On-line	July to Oct 2017	N/A	MM
2.	Operational efficiency - quality service delivery	Post Grad Dip: Regional & Local Economic Development	Part-time	Jan to Dec 2018	N/A	MM
3.						
4.						



Employee's signature :


Employer's signature. 14/7/2017

APPENDIX C

FINANCIAL DISCLOSURE

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Appendix C

FINANCIAL DISCLOSURE FORM

I, the undersigned (surname and initials) MATHEBULA SP.

(Postal address)
P.O. BOX 876
SABIE
1260

(Residential address)
14 UITSIG FLATS
POWER STREET
SABIE 1260

(Position held) DIRECTOR; LED AND PLANNING

(Name of Municipality)
THABA CHWEU LOCAL MUNICIPALITY


Tel: 013 235 7332 Fax: _____

hereby certify that the following information is complete and correct to the best of my knowledge:

- Shares and other financial interests (Not bank accounts with financial institutions.)
See information sheet: note (1)

Number of shares/Extent of financial interests	Nature	Nominal Value	Name of Company/Entity
NONE			

Tione / LHH / dms


Tn

2. Directorships and partnerships
See information sheet: note (2)

Name of corporate entity, partnership or firm	Type of business	Amount of Remuneration/ Income
SABIE HOSPITAL, DOH	BOARD MEMBER	R1500/sitting
ARKAN HONEYBEE	TRUSTEE	—

CONFIDENTIAL

3. Remunerated work outside the Municipality
Must be sanctioned by Council. See information sheet: note (3)

Name of Employer	Type of Work	Amount of remuneration/ Income
NONE		

Council _____

Signature by Council _____ Date _____

4. Consultancies and retainerships
See information sheet: note (4)

Name of client	Nature	Type of business activity	Value of any benefits received
NONE			

5. Sponsorships
See information sheet: note (5)

Source of assistance/sponsorship	Description of assistance/ Sponsorship	Value of assistance/sponsorship
NONE		

IMP 14/7/2017

JN 

2. I certify that the deponent has acknowledged that she/he knows and understands the contents of this declaration. The deponent utters the following words: "I swear that the contents of this declaration are true, so help me God." / "I truly affirm that the contents of the declaration are true". The signature/mark of the deponent is affixed to the declaration in my presence.

M. Mulaudzi

Commissioner of Oath / Justice of the Peace

THABA CHWEE MUNICIPAL
RECORDS DIVISION
14 JUL 2017
PO Box 61
Lydenburg, 1120
(Block)

Full first names and surname:

MMBONISEHI KENY MULAUDZI

letters)

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Designation (rank) *ADVOCATE OF THE HIGH COURT* Ex Officio Republic of South Africa

Street address of institution

*CNR. VILJOEN & SENTRAAL STREET
LYDENBURG, 1120*

Date *14/07/2017* Place *LYDENBURG*

CONTENTS NOTED: MUNICIPAL MANAGER

DATE: _____

*SPM
/N*

