



Nature Guide Training Course Application Form 25 Day

*This form should be clearly completed by the applicant in black ink,
or as an on-line application, in which case typed information will be accepted.*

Please provide as much details as possible.

Please ensure all your details are filled in correctly

Incomplete application forms will unfortunately not be accepted.

This application form is PRIVATE and CONFIDENTIAL.

Please indicate which course you are applying for:

25 Day Courses

Feb-09	
Mar-09	
Apr-09	
May-09	FULL
Jun-09	
Jul-09	
Aug-09	
Sep-09	FULL
Oct-09	FULL
Nov-09	

How did you hear about us :

Entabeni Reservations	<input type="text"/>	
School Visit	<input type="text"/>	
Referred	<input type="text"/>	
Internet	<input type="text"/>	
Other <i>(please specify)</i>	<input type="text"/>	

Personal Details

Surname: _____
Names: _____
Birth: _____
Nationality: _____
Sex: Male Female
ID or Passport #: _____
Age : _____
Home Language: _____
Other languages: _____
Postal Address: _____
_____ Code _____
Residential Address: _____
_____ Code _____
e-Mail Address: _____
Cell phone: _____
Telephone (H): _____
Telephone (W): _____
Facsimile No: _____

Please provide the following details about your Guardian, if applicable:
(If you are under 21 please make sure that this section is completed)

Surname: _____
First Name: _____
Occupation: _____
Company Name: _____
Tel No (W): _____
Tel No (H/Cell): _____

Medical History

Have you had any serious injury during the past five years? Yes No
If "Yes" please give details: _____

Do you take any medication on a regular basis? Yes No
If "Yes" please give details: _____

Do you have any allergies? Yes No
If "Yes" please give details: _____

Are you covered by a registered Medical Aid fund? Yes No
Fund Name: _____
Principal Member: _____ Mem #: _____
Tel Number: _____

Drivers License Details

Drivers License Yes No
Manual Automatic

Please note: The course requires you to drive a manual vehicle. Should you have an automatic license you will need to learn how to drive a manual before you get here

Dietary Requirements

Please provide us with any special dietary requirements to help with planning of your meals.

Payment Details

Please indicate who will be responsible for paying for your studies:

Self:	<input type="checkbox"/>	Parent:	<input type="checkbox"/>
Employer:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Guardian:	<input type="checkbox"/>		

Please provide the following details if applicable:

Surname: _____
First Name: _____
ID Number: _____
Company Name: _____
Postal Address: _____
Residential Address: _____
Tel No (W): _____ Tel No (H): _____
Cell No: _____ Fax No: _____
e-mail Address: _____
Signature: _____ Date: _____

Required Documents

Certified Copy of ID or Passport

Certified Copy of Drivers License



Please read through your application form and ensure that all details are correct and all pages have been completed

It is understood that any false or misleading information provided on this application form shall be considered sufficient cause for the disqualification of the applicant.

Do not hesitate to contact us should you have any questions regarding the above application.

Please sign below to confirm that all of the above details on the application form are true and the information correct.

Applicants Signature:

Applicants' Full Names:

Date:
