



Nature Guide Training Course Application Form 6 Month Program

*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.

6 Month Course

Jan-10	<input type="text" value="FULL"/>	
Jul-10	<input type="text"/>	(Maximum 10 Applicants)
Jan-11	<input type="text"/>	(Maximum 10 Applicants)

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: _____

If Non South African please provide the below details on your permit:

Type of permit : _____
Permit Number: _____
Expiry Date: _____

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: _____

Uniform Requirements

Please provide us with your uniform measurements, to ensure the correct sizes and fit when ordering.
Please provide the size in centimeters and ensure they are 100% correct:
(Please note that this applies to the One Year Course Only)

Shirt _____

Pants _____

Work Experience

Please begin with the most recent employment details.

Company Name:	_____
Tel and Contact person:	_____
Position Held:	_____
Period Employed:	_____
Reason for leaving:	_____
Company Name:	_____
Tel and Contact person:	_____
Position Held:	_____
Period Employed:	_____
Reason for leaving:	_____
Company Name:	_____
Tel and Contact person:	_____
Position Held:	_____
Period Employed:	_____
Reason for leaving:	_____

Payment Details

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

Self:		Parent:	
Employer:		Other:	
Guardian:			

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

Curriculum Vitae	<input type="text"/>
Other Certificate Copies	<input type="text"/>
4 x ID Photographs	<input type="text"/>
Certified Copy of ID or Passport	<input type="text"/>
Certified Copy of Matric Certificate	<input type="text"/>
Certified Copy of Drivers License	<input type="text"/>



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:
