THUTOBOPHELO TRAINING AND SKILLS ACADEMY
APPLICATION FORM

A. PERSONAL PARTICULARS

Title:		Surname:		Names:	
Residential Address:		Suburb: Town:		Postal Address:	Suburb: Town:
Telephone Numbers(s):	Own:	(home)			(cell)
	Spouse:	(work)			(cell)
E-mail address:					
Identification Number:					
Date of birth:		Country of Birth:			
Nationality:		City of birth:			
Gender:	Male:		Female:		
Marital Status:	Married		Single		Widow/Widower		Divorced	
Are you currently working?	Y / N	Where?	Date (s):		
		Name of contact person:	Tel nr:		

B. EDUCATIONAL QUALIFICATIONS

Highest standard passed/ qualification obtained:		Year:		School attended/ Institution	
Did you do a pre-course in nursing?		*If YES, please include copy of certificate*			
Name of course:		Name of institution			
Do you have any computer training?		*If YES, please include copy of certificate/explain*			
Name of course:		Name of institution/school			

C. KNOWLEDGE OF LANGUAGES

LANGUAGE	*WRITE*	*READ*	*SPEAK*
English			
Other			

D. MEDICAL FITNESS

Mark each question with a X in the appropriate block		*YES*	*NO*			*YES*	*NO*
a.	Do you suffer from any physical illness, sensory or physical disabilities			f	Do you suffer from any type of psychological illness e.g. depression, bi-polar, epilepsy, etc.)		
	If YES, please specify				If YES, please specify.		
b.	Have you ever experienced any back problems?			g	Are you on any type of chronic medication (hypertension, insulin, etc)		
	If YES, please specify condition and any treatment received.				If YES, please specify.		
c.	Have you ever sustained an occupational injury?			h	Do you use any addictive substances (alcohol, pills, etc)		
	If YES, was it certified as such?				If YES, please specify.		
	Did you receive any compensation for the injury?			I	Are you currently pregnant or plan to start a family during future training?		
d.	Do you smoke?						

E. REFERENCES (People who know you)

NAME OF REFERENCE	*TELEPHONE NRS*	*RELATIONSHIP (e.g friend/relative)*

DECLARATION

Hereby I, the undersigned, declare that the above particulars are complete and correct.

_____ SIGNATURE

_____ DATE

This application must be accompanied by: 6 certified copies of the earner's identification document
6 Certified copies of learner's Highest Qualification

For office use only: **CHECKLIST**

6 COPIES ID/PASSPORT					LESARNER CONTRACT				
MARRIAGE CERTIFICATE					INDEMNITY FORM				
6 COPIES GR 12 CERTIF/ HIGHEST QUALIFICATION					STUDY PERMIT				
PROOF OF RESULTS					SAQA EVALUATION				
PROOF OF DEPOSIT PAID					LETTER OF SUPPORT:FRGN AFFRS				

Learner nr								**Course nr**	**Date**	**Course number**						