

# LEARNER APPLICATION FORM

PLEASE RETURN THE COMPLETED FORM WITH APPROPRIATE SUPPORTING DOCUMENTATION



License code												
Intervention:						Learning Program:						
Program Dates	Start Date:					End Date:						
Surname:												
Full Names:												
Identity Number (RSA) (Attach certified copy of ID)												
Alternate ID Number:												
Alternate ID Type: (X)	Passport:					Refugee Permit:						
Nationality:												
Below 35 Years?: (X)						Yes	No					
Gender: (X)						Male	Female					
Ethnicity: (X)	African			Indian			Coloured			White		
Do you have a disability, as stipulated by the Employment Act 55 of 1998? (X)						Yes	No					
If yes, please specify:												
Employed: (X)						Yes	No					
If Employed Provide:	Occupation:					Number of years in occupation						
	Company Name:											
Home Address:						Postal Address (If different from Home Address)						
Postal Code:						Postal Code:						
Telephone / Cell:												
E-mail Address:												
Are you a South African Citizen? :(X)						Yes	No					
Home Language (X)	Afrikaans	Zulu	Pedi	Tswana	IsiXhosa	Other: Specify						
Highest level of highest Education attained?												
Last School Attended (If not High School, provide Primary School name)												
Last Year attended school above												
Learner Declaration and consent (X)	<input type="checkbox"/> I hereby declare the information above is true and correct <input type="checkbox"/> Furthermore, I agree that this information be utilized by DMB for reporting purpose											

Learners Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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DMD TRAINING ACADEMY IS ACREDITED WITH TETA SETA.

