TRAIL SURVEYS
AND MAPPING

STUDENT APPLICATION

Applicant Information

Full Name: _____ Date: _____
Surname First Names

Address: _____
Street Address

_____
Apartment/Unit No. City Province ZIP Code

Contact Cell. Number: _____ Email: _____

Date Available: _____ Valid SA Drivers Licence Number.: _____ Desired Salary/Freelance: _____

Confirm that you require 12 months experiential training, required to obtain your full Qualification. YES ☐

Are you a South African citizen? YES ☐ NO ☐ Do you have accommodation in Pretoria? YES ☐ NO ☐

Confirm you gender M ☐ F ☐ South African ID No.: _____

Do you have your own transport? YES ☐ NO ☐ Do you have a drivers license? YES ☐ NO ☐ Date: _____

Have you passed all subjects for S4? YES ☐ NO ☐ Do you have your own transport? YES ☐ NO ☐

If you have not passed all subjects, explain: _____

Do you have a sponsor Company/person? YES ☐ NO ☐

Education

High School Name: _____ Address: _____

From: _____ To: _____ Did you matriculate? YES ☐ NO ☐ Date matriculated: _____

College / University: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

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References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Tel. No.: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Tel. No.: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Tel. No.: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Documentation to also include with this Student Application form:

- All study results / Qualifications
- ID Document
- Drivers License