



# ZIGNA TRAINING

REG.NO:2013/168714/07  
ACCR NO: HW592PA0500108



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## APPLICATION FORM FOR SKILLS PROGRAMME: 2020

*NB: Tick the appropriate course of your choice:*

PRIMARY HEALTH CARE IN THE COMMUNITIES  
HW/SP/160004395

EMERGENCY FIRST AID CPR & FIRE FIGHTING HW/SP/16001304

HOME BASED CARE & PALLIATIVE CARE HW/SP/16001313

UNDERSTANDING CHILD & YOUTH CARE WORK  
HW/SP/160004363A

ADVANCE HIV & AIDS COUNSELLING HW/SP/160004373

COUNSELLING IN RISK BEHAVIOR HW/SP/ 1610175

WORKPLACE SAFETY IMPLEMENTATION HW/SP/160001312

### PERSONAL DETAILS:

Surname											Initials			Title					
I'd Number												Date of birth				Age			
Full Name(s) as on ID:																			
Gender							Religion							Race					
Home Language							Tel {W}							Cell:					
Any disability	No						Yes {specify if any}												
Marital Status	Single			Married			Divorced			Widow									
Postal Address																			
																Postal Code			
Physical Address																			
																Postal Code			
Province							District							Municipality					

### NEXT OF KIN OR RELATIVE AND PERSON WHO IS NOT STAYING WITH YOU:

1.Surname and Initials					Relationship				
Tel No:					Cell Number				
2.Surname and Initials									
Tel No:					Cell Number				

**ACADEMIC RECORD:**

Highest Grade Passed	Year:	Subjects { state all as per on grade 12 certificate or statement and Grades }

Year of Enrolment:	
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**DECLARATION:**

Full Name and Surname: \_\_\_\_\_

ID Number \_\_\_\_\_

I. hereby declare that the information supplied above is true and correct, and confirm with my signature.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

**CHECK LIST FOR DOCUMENTATION:** {Ensure that the following documents are certified and attached}

Documents:	Yes	No	If no State Reason:
Certified ID Copy			
Certified Copy Statement Results/Grade 12 certificate			
CV			
<b>NB:</b> If still in grade 12 attach grade 11 Results			
Passport Copies {for foreign students}			
<b>NB: Attach ONE copy each:</b>			

**FOR OFFICIAL USE ONLY:**

Accepted		Not Accepted		If not accepted state reason:
Approved by:				
Designation:			Signature:	
Date:				

Official Stamp: