

## Skills Development | Enterprise Development | Community Engagement

### Learning Programme Application Form

Surname												
Full Names ( as per ID)												
Identity Number												
*Home language							*Gender	Male	Female			
*Disability Status ( <i>Specify</i> )					Student Number							
*Race ( <i>Please Tick</i> )	Black	Coloured	Indian	Chinese	White	Other						
Applicant Physical Address												
							Postal Code					
Name of Municipality							Cell Number					
E-mail Address							Programme Applied For					
Last School Attended							Highest Grade					
<b>DECLARATION</b>												
<p>I .....(<i>Full Names</i>), hereby declare that information contained herein is, according to the best of my knowledge, is truthful and is free of misrepresentation.</p> <p>On behalf of myself, my executors, my assigns, my heirs and all my dependents I do hereby indemnify and absolve KwaZulu Natal Sharks Board Maritime Centre of Excellence or any person in the service of KwaZulu Natal Sharks Board Maritime Centre of Excellence against any claims from damages and any legal expenses and costs which may arise by myself being involved in any training or other activities for which damages, expenses or costs may be claimed by a third party.</p>												
<b>Attached Documentation (Cross Out if Attached)</b>												
<i>Copy of ID</i>			<i>Curriculum Vitae</i>			<i>Copy of Qualification</i>			<i>Proof of Residence (if Applicable)</i>			
<b>PRINT NAME AND SURNAME</b>			<b>SIGNATURE</b>			<b>ID NUMBER</b>			<b>DATE</b>			
<b>For Office Use only</b>												
<b>Approval Signature</b>								<b>Date of Approval</b>				