

## COURSE APPLICATION FORM

COURSE APPLYING FOR: \_\_\_\_\_

DATE OF COURSE: \_\_\_\_\_

Please note: This Application Form must be completed in BLACK ink only. Failure to complete this application form will result in the immediate disqualification of the candidate's application. All supporting documentation must be supplied.

Please Tick appropriate box	TITLE	MR	MS	DR	PROF	OTHER
SURNAME:	FULL NAMES:					
DATE OF BIRTH:	ID NO					
RESIDENTIAL ADDRESS:	POSTAL ADDRESS (IF APPLICABLE)					
POSTAL CODE:	POSTAL CODE:					
TELEPHONE (HOME)	CELL PHONE NO.					
FAX NO:	E-MAIL ADDRESS:					
EMPLOYER'S COMPANY NAME:						
EMPLOYER'S POSTAL ADDRESS:	CONTACT PERSON:					
	TELEPHONE NO. (W)					
	FAX NO:					
	EMPLOYER'S AUTHORISATION:					
HIGHEST EDUCATIONAL QUALIFICATION						
OTHER RELEVANT QUALIFICATIONS:						

I \_\_\_\_\_ hereby declare that the information furnished by myself in this application form is, to the best of my knowledge true and correct.

Signed at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

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

Please note: This application will not be processed if there is no authorization from your employer (if applicable)

Certified copies of the following are to accompany this Application Form

- Copy of Identify document/Passport
- Initial Medical & Dental/Nursing council registration certificate, plus current years registration (if applicable)
- Any other relevant certification/documentation



**NIRVANA INDEMNITY AND WAIVER**

I \_\_\_\_\_ the undersigned, of  
(Address) \_\_\_\_\_

do hereby indemnify NIRVANA and its employees, representatives, instructors or agents against any claim or claims for compensation or damage, loss or injury, fatal or otherwise, however arising but not limited to any acts, omissions or default, sustained during the course of any of the theoretical, operational or practical aspects of the training exercises, caused directly or indirectly to me or my belongings/properties, which indemnity shall extend to my dependants, estate or any person whomsoever. I hereby unconditionally waive any right that I may have against NIRVANA its principals, instructors, representatives or agents to claim damages of whatsoever nature however caused. I accept that I will be undertaking any instruction, tasks or exercises at my own sole risk and peril. This indemnity extends further to cover the re-imbusement for all legal and other expenses that may be incurred by NIRVANA in examining, litigation or settling any such claim.

I understand that payment of the course fee does not automatically guarantee a course certificate at the culmination of the course. I further understand that unless extremely unusual circumstances prevail, the entire course fee is to be paid by the end of the course, even though I may not complete the course.

In the event of a course being cancelled due to unusual circumstances, moneys paid to NIRVANA, will be refunded upon request, or held over until the next course. The re-imbusement of monies paid to NIRVANA is at their sole discretion. A deposit of 50% of the course fee should be made when booking for the course or on the date of course commencement. Failure to do so may not guarantee attendance of the course.

In the case of a course which requires an entrance exam - do not pay the deposit until you have written confirmation that you have been accepted to attend the course. Should you decide not to attend the course, you may, at the sole discretion of NIRVANA be given credit to attend another course. For all courses presented by NIRVANA a re-examination fee of R300.00 will be charged, should you have to re-write examinations.

Cancellations (Based on full course fees)

Cancellations four weeks, or longer, prior to date of course commencement will receive an 80% refund.

Cancellations three weeks prior to date of course commencement will receive a 50% refund.

Cancellations two weeks or less, prior to date of course commencement will not receive a refund.

Thus done and signed at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

In the presence of the undersigned witnesses:

AS WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

NEXT OF KIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_