

LEARNER CONTRACT

LGSETA ACCREDITATION REF. NO. 151

PERSONAL INFORMATION:

Name:.....	Tel:.....
ID Number:.....	Fax:.....
Job Title:.....	Cell:.....
Employer:.....	
Address to which certificate must be mailed:	
.....	
.....	Code:.....
Course Attending:.....	
Start Date:.....	End Date:.....

INFORMATION FOR STATISTICAL PURPOSES:

Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female	Language preference:.....		
Race: <input type="checkbox"/> Black	<input type="checkbox"/> Coloured	<input type="checkbox"/> Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> White
Highest standard passed:.....		Year:.....		
School/Institution:.....				
Highest qualification:.....		Year:.....		
Technikon/University/College:.....				

NEXT OF KIN:

Name:	Relation:
Contact No:	
Address:	
.....	
.....	

**CONTROLLED
COPY**

Details of any special needs required: -

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.....
I, hereby certify that to the best of my knowledge, the information on this form is true and correct. Furthermore, I authorize Rural Metro Emergency Management Services to verify the information contained on this form and to make whatever enquiries they may deem necessary.

I hereby confirm that I will not be entitled to withdraw the authority granted to you as detailed above.

Signed at..... this.....day of.....20.....

Signature of Applicant