

COMPANY	DOCUMENT NUMBER	DOCUMENT TITLE
EMCARE	MIS 00013 – V16	Fire Fighter Course Application
DATE ISSUED	REVIEW DATE	PAGES
16/02/2017	15/04/2021 (JD)	Page 1 of 5
RESPONSIBLE PERSONS		
PROMO CODE SALES REP CAPTURERS SIGNATURE		J. Delport T. Vos
		GOVERNING BODY
		LGSETA

Complete this application form using black ink only. Print neatly and legibly. Failure to complete this application form in full will result in immediate non-approval of the candidate's application. **Please initial all pages of this application.**

Please ensure the following documents are attached:

- ✓ 4 copies of certified Identity documents
- ✓ Highest educational qualification
- ✓ Proof of payment for the registration deposit slip
- ✓ Medical certificate
- ✓ *Student must have no claustrophobia
- ✓ Any other supporting documentation (example – professional registrations).

Course Booking Option [TICK APPROPRIATE]	(FF1) Fire Fighter 1 + Hazmat Awareness SP	R13000.00 9 WEEKS	
	(FF2) Fire Fighter 2 + Hazmat Operations SP	R9500.00 7 WEEKS	
	(FF12) Fire Fighter 1 + 2 + Hazmat Awareness + Operations SP COMBO SPECIAL	R22500.00 16 WEEKS +free uniform & tablet	
<i>SP = Skills programme. Derived from SAQA 57803 FETC: Fire and Rescue Operations.</i>			
Start Date		End Date	
Program Duration:	FIRE1 SP + HAZMAT1 SP: 9 weeks full time FIRE2 SP + HAZMAT2 SP: 7 weeks full time FIRE 1&2 COMBO: 16 weeks full time		
Additional Options:	Computer Tablet: R2000-00 /unit Full uniform (branded): R1500-00 p/set		
Booking Deposit:	R 5 500-00 <i>*Balance payable over duration of course (must be paid up before final practical examinations)</i>		
REQUIREMENTS			
Qualifications:	First Aid Level 3 Certificate <i>(Only due before final exams and certification. Can be done at our academy during the course).</i>		
Language:	English (read, write and speak) at Grade 11 level		
Age:	18 Years and older		



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BANKING DETAILS	
Account Name:	POLOKWANE FIRE SCHOOL
Bank:	NEDBANK
Account Number:	120 322 2777
Branch Code:	198 765
Branch:	Mall of the North
Account Type:	Business PAYU (Current)
Reference to use:	“STUDENT SURNAME AND INITIALS” – “COURSE CODE” <i>example: “Moloko JN - FF12”</i>

PLEASE COMPLETE ALL INFORMATION REQUESTED

PERSONAL DETAILS		
Full Names and Surname:		VERIFICATION
Identity Number:		Y N
Date of Birth:		Y N
Nationality:		Y N
Email Address:		Y N
Cell phone number:		Y N
Alternative phone number:		Y N
Physical Address:		Y N

Polokwane Fire School, Plot 5, Geluk street,
Myngenoegen, Polokwane. Tel: (015) 295 4578.



FIRE.FIT

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Postal Address:		Y	N
Postal Code:		Y	N
Next of Kin Name:		Y	N
Next of Kin Telephone number:		Y	N
*Medical Aid name and membership number (if any):			
Any known medical condition and allergies:		Y	N
Any known medical condition:		Y	N
School attended:		Y	N
Highest Grade Passed:		Y	N
Highest Qualification:		Y	N



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PLEASE NOTE:

- School fees need to be **paid in full 1 month before your course end date**. If your fees are not paid in full you will not be allowed to do complete final exams and certification.
- If you wish to re-schedule your booking dates, registration application is only valid for a year from your registered date. If you do not complete your course within this 1 year period you will forfeit your booking and all monies paid. Student replacements will be accepted only in circumstances where you bring your replacement to our office to hand over the registration. We do not provide assistance in finding student replacements.

NO REFUNDS POLICY

The booking deposit, college services fee and student activity fees paid is non-refundable.

In such cases as cancelations are required, or the course is no longer provided at the academy, we will issue you with credit for the same amount paid, which can be used for any other courses or services that Emcare / Fire Fit / Nirvana provides.

For this reason, we strongly recommend that before payment:

- Read all information about this program.
- Read all information about available date, times and type of training offered.
- Evaluate the quality of our program.
- Carefully select a time and date that will suite you.
- Do not allow children or other unauthorised family members or friends to interrupt your training schedule.

Should you be not able to attend the training program the following rules will apply;

- Notify the college at least 30 days in advance to arrange alternative dates that will suite you.
- Should you wish not to attend the program you may bring another individual that will replace your booking, subject to approval by the Training Manager and/or Principal. This replacement individual may refund you directly as the college does not do direct refunds.
- Credit can be issued, which can be used for any other courses or services that Emcare / Fire Fit / Nirvana provides. This credit is not exchangeable for cash.

By making a payment you acknowledge that you have read and agree to the above no refund policy.

This programme is a full time course. No interruptions of any kind can and will be accepted. Ensure your availability at all times.

Declaration

I _____ hereby declare that the above information is true and correct and that the information is that of my own. I understand that should I present any incorrect information that at any time my course application will be withdrawn.

I understand that payment of the course does not automatically guarantee a course certificate at the end of the course.

Indemnity

I hereby indemnify Emcare / Fire Fit / Nirvana and their employees, representatives, instructors or agents against any claim or claims for compensation of damage, loss or injury, fatal or otherwise however arising, including but not limited to any acts, omissions or default, whether sustained at Emcare / Fire Fit / Nirvana or in the course of any of the operational or practical aspects of the training exercises caused directly or indirectly to my belongings or me / properties, which indemnity shall extend to my dependence, estate or any person who so ever.

I hereby unconditionally waive any right that I may have against Emcare / Fire Fit / Nirvana its principal, instructors, servants, representatives or agents to claim damages of whatsoever nature however caused.

Negligence

I accept that I will be undertaking an instruction, tasks or exercises at my own sole risk and peril. Emcare / Fire Fit / Nirvana and their employees, representatives, instructors or agents may claim for compensation of damage, loss or injury, fatal or otherwise however arising due to any of my acts, omissions or default sustained at Emcare / Fire Fit / Nirvana or in the course of any of the operational or practical aspects of the training exercise

Acknowledge above terms - please sign



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Applicant Signature:	Date:

Wittiness Signature:	Date:

FOR OFFICE USE

Documents attached and verified:

4x Certified ID Copies		Highest Educational Qualification		Other Documents		Medical Cert.	
NAME	SIGN	NAME	SIGN	NAME	SIGN	NAME	SIGN

I _____, representative of Emcare / Fire Fit / Nirvana have approved the Applicant for the following learning program;

Fire Fighter 1 SP + Hazmat Awareness SP: _____ (tick appropriate) Fire Fighter 2 SP + Hazmat Operations SP: _____ (tick appropriate) Fire Combo (Fire 1 SP + Hazmat 1 SP + Fire 2 SP+ Hazmat 2 SP): _____ (tick)
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Principal/Training Manager Signature:	Date Approved:

