

| COMPANY | DOCUMENT NUMBER | DOCUMENT TITLE |
|---|--------------------|----------------------------|
| EMCARE (PTY) LTD | SO 00015 – V15 | Safety Officer Application |
| DATE ISSUED | REVIEW DATE | PAGES |
| 16/02/2017 | 24/02/2021 | Page 1 of 5 |
| RESPONSIBLE PERSON | RESPONSIBLE PERSON | RESPONSIBLE PERSON |
| J. Delport | A. Grobler | - |
| Emcare commits itself to the proper implementation of standards by CETA and SAIOSH. | | GOVERNING BODY |
| | | CETA |

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:

- ✓ 1 copy of certified Identity documents
- ✓ Highest educational qualification
- ✓ Proof of payment for the registration deposit slip
- ✓ Any other supporting documentation (example – professional registrations).

| Course Booking Option | | FULL-TIME | PART-TIME |
|-----------------------|--|--------------------------------|--|
| [TICK APPROPRIATE] | (SO) Safety Officer Course [Shemtrac] R 9 500.00 | | |
| Course End Date | | Coupon Details (if applicable) | TLDG CODE AMOUNT SALES REP AUTH SIGNATURE |
| Course Start Date | | | |

| Emcare Campus [TICK APPROPRIATE] | Johannesburg | Polokwane | Durban | Cape Town | Port Elizabeth |
|----------------------------------|--------------|-----------|--------|-----------|----------------|
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|-----------------------------------|---|
| Additional Options: | Computer Tablet 10": R2000-00 /unit Full uniform (branded): R1500-00 p/set |
| Booking Deposit: | Deposit: R 5 000-00 <i>*Balance payable over duration of course (must be paid up before final certification)</i> |
| MINIMUM ENTRY REQUIREMENTS | |
| School Qualification: | Grade 10 |
| Language: | English (read, write and speak) |
| Age: | 18 Years and older |
| Citizenship: | South African, or valid work VISA |



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| EMCARE BANKING DETAILS | |
|-------------------------------|---------------------------------|
| Bank: | NEDBANK |
| Account Number: | 120 507 6328 |
| Branch Code: | 198 765 |
| Branch: | Mall of the North RRC |
| Account Type: | Business PAYU (Current) |
| Reference: | SO-(YOUR ID NUMBER)-(YOUR NAME) |

PLEASE COMPLETE ALL INFORMATION REQUESTED

| PERSONAL DETAILS | | |
|---------------------------|---------------------|---|
| | VERIFICATION | |
| Full Names and Surname: | | |
| 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 |



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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 |

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 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.



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- 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 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 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 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 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. 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 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: |
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| 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 _____, have approved the Applicant for the following learning program;

| | |
|---------------------------------------|----------------|
| | |
| Principal/Training Manager Signature: | Date Approved: |
| | |

