



LEARNER APPLICATION FORM

Centre		Date								
PROGRAMME DETAILS										
Assessment		Training								
LEARNER DETAILS										
Surname										
First Name (s)										
Id Number										
The following information is required for the National Learners Record Database. Please tick the appropriate box.										
Race & Gender	African		Coloured		Indian		White			
	Male	Female	Male	Female	Male	Female	Male	Female		
Home Address										
Postal Address (if different)										
Contact Number (s)	Home	Work	Mobile	Email	Emergency Number					
NAME AND CONTACT DETAILS OF PERSON RESPONSIBLE FOR ACCOUNTS										
Full Name / Company Name										
Address										
Contact Details	Telephone			Mobile			Email			
EMPLOYER DETAILS										
Name of Company										
Physical Address										
Contact Person										
Contact Details	Telephone			Mobile			Email			



MEDICAL QUESTIONNAIRE

The workshop, where all practical training activities take place is a high risk area. We will take all reasonable precautions to ensure your well-being. Please complete this section to help us prepare f your training experience with us.

1. Do you have any special needs or suffer from any physical disabilities?	Yes	No
If yes, please provide details.		
2. Do you suffer from any chronic medical conditions?	Yes	No
If yes, please provide details.		
3. Are you pregnant?	Yes	No
4. Are there any medical conditions that may affect your ability to participate in the practical learning activities?	Yes	No

Please provide the contact details of your family doctor

Name of Doctor	
Contact Details	

QUALIFICATIONS

Highest qualification achieved at school	
Other Qualifications	1.
	2.
	3.
	4.
	5.

WORK EXPERIENCE

Current Employer	
Job Title	
Duration	

Other Work Experience

Name of Employer	Duration	Job Title

GENERAL CONDITIONS

1. The learner, by his / her signature to this document, agrees to comply with the Training Policy and Code of Conduct for learners of The Furniture Technology Centre.
2. All learners will be invoiced at registration. Private learners must pay a minimum of 50% on registration. Full payment must be received before the end of the programme.
3. The Furniture Technology Centre is accredited by the Fibre Processing and Manufacturing Seta (F P & M Seta). All training and assessments are conducted in accordance with the standards and guidelines of the National Qualifications Framework (NQF).
4. All disputes that arise will be dealt with in accordance with The Furniture Technology Centre's Appeals and Disputes Procedures. The learner has the right to appeal against assessment decisions.

Declaration

I, _____ declare that all the particulars furnished by me on this form are true and correct, and I undertake to comply with the conditions, rules, regulations and decisions of The Furniture Technology Centre, and any amendments thereto, which may be applicable to learners in general and the field of learning for which I am registered.

Signature of Learner: _____

Signed on this _____ **day of** _____ **at** _____

In the presence of the undermentioned witness.

Name of Witness: _____

Signature: _____ **Date:** _____

CHECKLIST

- Please attach the following documents to this application form.
- Do not submit original documents.
- Note that only certified copies will be accepted.

1. Fully completed application form	
2. Copy of ID	
3. Latest CV	
4. Copy of school leaving qualification	
5. Copy of other qualification	
6. If employed – a letter of appointment or letter from the employer on a letterhead	
7. Any other supporting documents	

