



APPLICATION FORM

Applicant

Full name: Sex:

Date of birth: School and grade:

Passport no: Nationality and language:

Cellphone no: Email address:

Religion:

Home address:

.....

Postal address:

.....

HEALTH DETAILS

Medical aid name: Medical aid no:

Medical practitioner: Telephone no:

Any allergies / illnesses? (indicate with an "x"): ☐ YES ☐ NO

Are you taking and medication? (indicate with an "x"): ☐ YES ☐ NO

Dietary preferences:

Next of kin

Full name: Telephone no:

Email address:

Home address:

.....

South African relative or friend

Full name: Telephone no:

Email address: