



### PERSONAL INFORMATION

Surname:	<input type="text"/>	Initials:	<input type="text"/>
Full Names:	<input type="text"/>		
ID Number:	<input type="text"/>		
Email:	<input type="text"/>		
Cell No:	<input type="text"/>	Whatsapp No:	<input type="text"/>
Current Occupation:	<input type="text"/>		

### COMPANY INFORMATION

Company Name:	<input type="text"/>		
Region:	<input type="text"/>		
Who is covering the cost of the training?			
Self-Funded:	<input type="checkbox"/>	Company Funded:	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Explain:	<input type="text"/>
If company funded, provide a brief overview of what services are offered by the company:			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Are you currently working at an accredited training provider?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## FIREARM EXPERIENCE

### CATEGORY 1

<input type="checkbox"/>	117705 - Demonstrate Knowledge of the Firearms Control Act 60/2000	Completed Where:	<input type="text"/>
<input type="checkbox"/>	119649 - Handle and Use a Handgun	Completed Where:	<input type="text"/>
<input type="checkbox"/>	119652 - Handle and Use a Shotgun	Completed Where:	<input type="text"/>
<input type="checkbox"/>	119650 - Handle and Use a Self-Loading Rifle or Carbine	Completed Where:	<input type="text"/>
<input type="checkbox"/>	119651 - Handle and Use a Manually Operated Rifle or Carbine	Completed Where:	<input type="text"/>

### CATEGORY 2

<input type="checkbox"/>	123515 - Handle and Use a Handgun for Business Purposes	Completed Where:	<input type="text"/>
<input type="checkbox"/>	123511 - Handle and Use a Self-Loading Rifle or Carbine for Business Purposes	Completed Where:	<input type="text"/>
<input type="checkbox"/>	123514 - Handle and Use a Shotgun for Business Purposes	Completed Where:	<input type="text"/>
<input type="checkbox"/>	123519 - Handle and Use a Manually Operated Rifle or Carbine for Business Purposes	Completed Where:	<input type="text"/>
<input type="checkbox"/>	123516 - Range Officer Training - Supervise Shooting Exercises	Completed Where:	<input type="text"/>
<input type="checkbox"/>	123510 - Apply Tactical Knowledge in the Use of Firearms	Completed Where:	<input type="text"/>
<input type="checkbox"/>	123513 - Demonstrate Tactical Proficiency with a Handgun	Completed Where:	<input type="text"/>
<input type="checkbox"/>	123512 - Demonstrate Tactical Proficiency with a Shotgun	Completed Where:	<input type="text"/>
<input type="checkbox"/>	123518 - Demonstrate Tactical Proficiency with a Self-Loading Rifle or Carbine	Completed Where:	<input type="text"/>
<input type="checkbox"/>	123517 - Supervise the Operation of a Shooting Range and Tactical Shooting Exercises	Completed Where:	<input type="text"/>
<input type="checkbox"/>	115753 - Conduct Outcome-Based Assessment	Completed Where:	<input type="text"/>
<input type="checkbox"/>	117870 - Conduct Targeted Training and Development Using Given Methodologies	Completed Where:	<input type="text"/>

☐ I give ITA permission to pull my records from the PFTC LMS to verify my existing unit standards.

Why do you want to become a firearms instructor?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**Please Tick Appropriate Boxes**

**Years of experience in unaccredited firearm training or coaching:**

☐ Less than a year      ☐ 2-4 Years      ☐ 5 Years      ☐ More than 5 years

**Years of experience in sport shooting:**

☐ Less than a year      ☐ 2-4 Years      ☐ 5 Years      ☐ More than 5 years

**Are you a member of a shooting association?**

☐ Yes      ☐ No

If yes, provide names:

**Do you have a law or military background in the use of firearms?**

☐ Yes      ☐ No

Provide insight [if permitted to do so]:

When last were you on a shooting range?

How often do you shoot?

**Please rate your ability with the following firearms:**

**Handgun**

☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor

**Shotgun**

☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor

**Self-Loading Rifle**

☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor

**Manually Operated Rifle**

☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor

Dates of course you would like to attend:

**Thank you for your feedback and your interest in our next instructor programme.  
We will be in touch regarding next steps.**

Please mail your form to: [support@itafirearmtraining.com](mailto:support@itafirearmtraining.com)