



# NJ MORE APPLICATION

Please send back via Email: [francois@more.co.za](mailto:francois@more.co.za)

I hereby apply for the following Field Guide Course:  
Intake:.....January .....July of the year 20.....

- NJ MORE CAREER PROGRAM** - Selection and duration subject to meeting required criteria
- NJ MORE GUIDE & TRAIL EXPERIENCE (PROFESSIONAL)** - 6 months, I opt for a 6-month placement, subject to meeting required criteria
- NJ MORE GUIDE EXPERIENCE (STARTER)** - 3 months
- NJ MORE EXTRA (ADVENTURE)** - 3 months
- NJ MORE BOOSTER** - module.....

First Name:..... Surname:.....

Address:..... Age / Date of Birth:.....

..... Email:.....

Tel/Cell:..... Emergency contact (name/cell):.....

.....

Nationality:..... Country of Residence:.....

ID Number:..... Passport Number (if non RSA citizen):.....

Driver's License Number:.....

Professional Driving permit (PrDP):  YES  NO



Medical Aid Details:  YES  NO

Medical Conditions (i.e. allergies, phobias, injuries, learning disabilities, psychological conditions, illnesses, medication): If "yes" please provide details:

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Dyslexia: please provide a doctor's note

Dietary Requirements:

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Size Shirts (for uniform):

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Criminal Record:  YES  NO

Highest Qualification:

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Other relevant Qualifications:

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First Language / Other Languages

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Where did you hear about us:

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***I certify that the information contained herein is true and complete. I authorise their verification of all information contained***

Signature:..... Date:.....