



NJ MORE APPLICATION

Please send back via Email: francois@more.co.za

I hereby apply for the following Field Guide Course:

Intake:.....JanuaryJuly of the year 20.....

- NJ MORE CAREER COURSE** - Selection and duration subject to meeting required criteria
- NJ MORE GUIDE & TRAIL EXPERIENCE (PROFESSIONAL)** - 6 months, I opt for a 3- or 6-month placement, subject to meeting required criteria
- NJ MORE 60-DAY APPRENTICE FIELD GUIDE COURSE** - 60 days
- NJ MORE GUIDE EXPERIENCE** - 2.5 months
- NJ MORE AVENTURE COURSE**- 2.5 months
- NJ MORE APPRENTICE TRAILS GUIDE** - 1 month
- NJ MORE GUIDE EXTRA MODULES**

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

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

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

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

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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:.....