



ACTIONZ PROCON (Pty) Ltd  
 REG. NO. 2013/224205/07  
 Accr. No. AGRI/c Prov/3335/25

T/A

Actionz Dynamic of Learning  
 PTN 09 of 05, Merino Farm  
 Melmoth, 3835

Phone: 0713857844

Email: info@actionzprocon.co.za

### LEARNER APPLICATION FORM

PROGRAMME DETAILS								
Date of Application								
Qualifications applying for								
LEARNER DETAILS								
Surname								
First Name (s)								
ID Number								
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**

Please complete this section to help us prepare for 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 have any problem traveling around the country?		

3. Are there any medical conditions that may affect your ability to participate in the practical learning activities?		Yes	No
<b>QUALIFICATIONS</b>			
Highest qualification achieved at school			
Other Qualifications	1.		
	2.		
	3.		
	4.		
	5.		
<b>WORK EXPERIENCE</b>			
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 Actionz Procon.

### 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:** \_\_\_\_\_

### For office use only

#### 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	

### Indemnity Clause

I, the undersigned, acknowledge and accept that participation in the training programme may involve certain risks, including personal injury, loss of life, or damage to property, regardless of cause.

I hereby waive any claims against the Institute, its employees, officers, or agents for any such injury, loss, or damage, whether arising from negligence or otherwise. Furthermore, I indemnify and hold harmless the Institute, its representatives, and all persons acting on its behalf from any claims, damages, or legal costs that may result from my participation in this training.

Thus signed as follows:

Applicant (Signature): \_\_\_\_\_, Date: \_\_\_\_\_

Area : \_\_\_\_\_

Witnesses:

1. \_\_\_\_\_ (name) \_\_\_\_\_ (signature) \_\_\_\_\_ (Date)

2. \_\_\_\_\_ (name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)