**2012 PPE Index Number (For office use only)**

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# 2012 IRBA SUPPORT PROGRAMME APPLICATION FORM

This form must be completed in **BLOCK LETTERS** and **INK**

## 1. PARTICULARS OF APPLICANT

Title: _____ Surname: _____ First Names: _____

Date of Birth (DD/MM/YY) | | | | | | |

Identify Number: | | | | | | | | | | | | | |

Race: African ☐ Coloured ☐
Indian ☐ White ☐ Other ☐ (specify) _____

Residence Status: South Africa ☐ Dual Residence (SA) plus ☐ (specify) _____

Other ☐ _____

Disability: Yes ☐ No ☐

If yes, Indicate type of disability that applies:

| | | | |
|---|---|---|---|
| *Albinism* | ☐ | *Communication (talking, listening)* | ☐ |
| *Disabled but unspecified* | ☐ | *Emotional* | ☐ |
| *Facial disfigurement* | ☐ | *Hearing (even with a hearing aid)* | ☐ |
| *Intellectual* | ☐ | *Multiple* | ☐ |
| *Physical (moving, Standing, grasping)* | ☐ | *Psychiatric* | ☐ |
| *Sight (even with glasses)* | ☐ | | |

Other (Specify) _____

Please indicate language preference for your course materials English ☐ Afrikaans ☐

Contact Details: Work: _____ Home: _____

Cell: _____ E-mail: _____

Fax: _____

Postal / Physical address: _____

Province: _____Code: _____

## 2. EMPLOYER DETAILS

Name of Firm /Employer where you are currently working:_____

Name of Training Officer / Employer: _____

Contact number of Training Officer/Employer: _____

## 3. OTHER DETAILS

### 3.1 Attempt of the PPE in November 2012

1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ Other _____

### 3.2 Did you attend the 2011 IRBA Support Programme?

Yes ☐ No ☐

### 3.3 Indicate the year and institution from which you obtained your CTA or equivalent

Institution: _____Year:_____

## 3.4 In which year did you complete the APT Specialism Course?

Year: _____

## 3.5 Indicate the centre where you wish to attend the course

Please mark (x) alongside your preferred centre:

| NSOA PROGRAMME | |
|---|---|
| Johannesburg | |
| Pretoria | |
| Durban | |
| Cape Town | |

# 4. ADDITIONAL FASSET INFORMATION

Name of High School attended _____

Town/City of High School_____

Province of High School _____

Year of completion _____

Home language _____

Language of instruction at High School _____

Language of instruction at University _____

## 5. PAYMENT DETAILS

Applicants should make a direct deposit into the following IRBA bank account and fax proof of payment through to Ms Lethu Mcunu, at 086 575 6546 or email edutrain@irba.co.za by no later than **Tuesday, 31 May 2012:**

| | |
|---|---|
| Bank: | Standard Bank |
| Branch: | Eastgate |
| Branch Code: | 018505 |
| Account Number: | 0000427729394 |
| Account Name: | IRBA Student Account |

**YOUR NAME AND SURNAME MUST BE USED AS A REFERENCE ON THE DEPOSIT SLIP.**

## 6. D E C L A R A T I O N

I hereby submit my application form to register for the 2012 IRBA Support Programme. I undertake to attend all contact sessions, to apply myself and to actively participate in all learning activities / case studies / assignments / mock examination and discussions. I also acknowledge that should I fail to demonstrate sufficient commitment to the course in terms of the signed agreement, I will be counselled, and if no successful resolution can be reached, I will be requested to withdraw from the programme and will forfeit any moneys already paid.

I enclose a deposit slip for the payment of: R_____

**DATE:** _____

**SIGNATURE OF APPLICANT:** _____