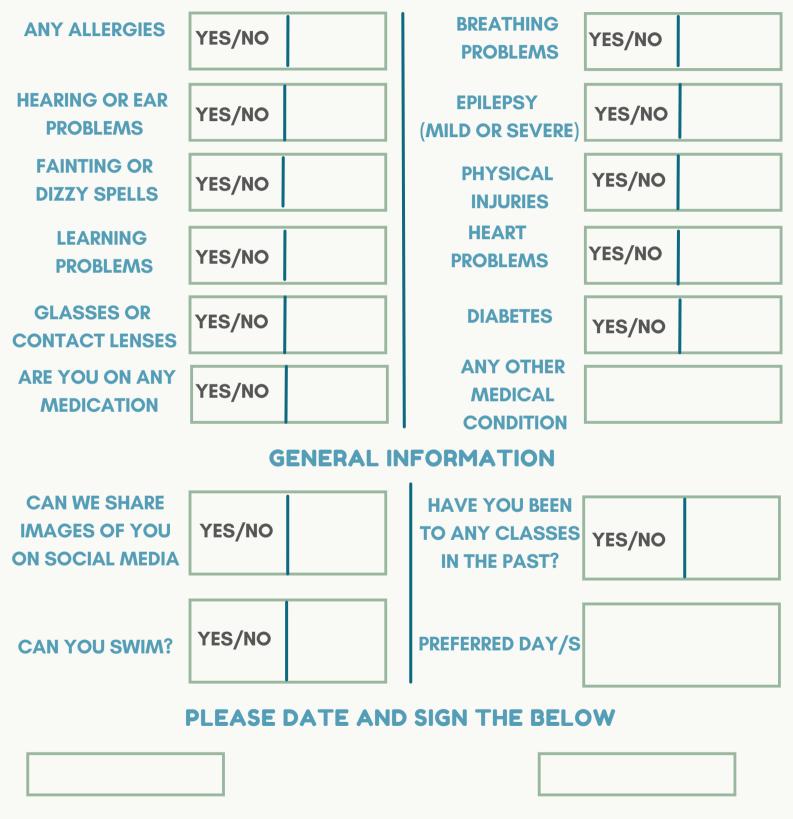


APPLICATION FOR ENROLMENT

PERSONAL DETAILS OF PARTICIPANT

FULL NAME		SURNAME	
ID NUMBER		AGE	
GENDER		HOME LANGUAGE	
EMAIL ADDRESS		CONTACT DETAILS	W:
			C:
HOME ADDRESS			H:
		HOW DID YOU	
		HEAR	
		ABOUT US?	
EMERGENCY DETAILS			
PERSON TO BE		EMERGENCY	
CONTACTED IN		CONTACT NUMBER	
AN EMERGENCY			
MEDICAL AID		MEDICAL AID	
		NUMBER	

MEDICAL INFORMATION



PARTICIPANT