



**APPLICATION FORM**

PLEASE COMPLETE ALL SECTIONS BELOW (PLEASE PRINT CLEARLY)

Email the completed form to [admin@justskills.co.za](mailto:admin@justskills.co.za)

**SECTION A**

Date of Application:						
<b>PERSONAL DETAILS</b>						
First Name:				Last Name:		
Date of Birth:				Identity Number:		
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Home Language:			
T-shirt Size ( <i>XSmall/Small/Medium/Large/XLarge/XXLarge</i> ):						
Are you disabled in any of the following areas:	<input type="checkbox"/> Communicating	<input type="checkbox"/> Hearing	<input type="checkbox"/> Seeing	<input type="checkbox"/> Walking	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Remembering
What is your highest qualification?						
Where did you hear about us?		Website	TV (KykNet)	Facebook	Referral	
<b>CONTACT DETAILS</b>						
Telephone (H):				Cell Phone:		
Email:						
Physical Address:			Postal Address:			
		Code:				Code:
Country of citizenship/ permanent residence:					Passport Number:	
Emergency Contact: ( <i>If different to parents</i> )						
Name:				Surname:		
Telephone (H):		Telephone (W):		Cell Phone:		
Relationship:						

**SECTION B**

<b>OTHER DETAILS</b>	YES	NO
1. Are you currently, or have you in the past, suffered from or received treatment for a chronic or acute mental illness?		
2. Are you currently, or have in the past, suffered from or received treatment or supportive services for alcohol or substance abuse/addiction, eating disorder, gambling addiction or the like?		
3. Do you have a criminal record? Have you ever been imprisoned and/ or received a formal warning?		

If you have answered 'yes' to any of the questions above, please provide us with a brief description below:

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MEDICAL DETAILS		YES	NO
1. Do you have any physical and/or medical conditions? (For example, asthma, diabetes, epilepsy etc....)			
Please list here:			
2. Do you have any heart, lung or ear conditions?			
Please list here:			
3. Do you have any allergies?			
Please list here:			
4. Are you on any medication currently?			
Please list here: (Include Dosage)			
5. Do you have any chronic medical conditions not listed above?			
Please list here:			

*\*In order to support students and to better facilitate your learning, it is helpful to know if you have any specific/ additional needs, or physical or medical conditions we need to be aware of. Just Africa Life Skills may wish to interview you further in order to ensure that you are suitably prepared to join this gap year. The information on this application form serves only to ensure that you are ready to engage in the gap year with Just Africa Life Skills at this time and will be treated with the strictest of confidence.*

**SECTION C**

PARENT/GUARDIAN DETAILS							
<b>Father</b>	Title:						
First Name:				Last Name:			
Identity Number:							
CONTACT DETAILS							
Telephone (H):			Telephone (W):			Cell Phone:	
Email:							
Physical Address:				Postal Address:			
		Code:					Code:
<b>Mother</b>	Title:						
First Name:				Last Name:			
Identity Number:							
CONTACT DETAILS							
Telephone (H):			Telephone (W):			Cell Phone:	
Email:							
Physical Address:				Postal Address:			
		Code:					Code: