



TOUR GUIDING LEADERSHIP (Pty) Ltd

2015/296639/07

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ENROLMENT

PROGRAMME OF CHOICE	
	THE COMPLETE PROFESSIONAL TOURIST GUIDE PROGRAMME
	BREAKING OPEN AFRICA WITH SWAHILI or FANAGALO
	AFRICAN HERITAGE & ENGLISH TRAINING PROGRAMME
	AFRICAN NATURE PROGRAMME

Starting Date		End Date	
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CONFIDENTIAL

Personal Information					
Surname				Title	
Initials				Gender	m f
First Names					
Date			Age		
Country of Birth					
Nationality					
Home Language					
Other Languages					
How would you describe your Level of English?	Good	Fair	Low – Would you require assistance?		

Passport Number										
Date of Issue					Date of Expiry					
Place of Issue										
Residential Address										
Email address										
Home Telephone										
Mobile Telephone										
Marital Status										
Present Occupation										
Highest Qualification										
Your Health?	Excellent	Good	Fitness Level?	Good	Fair	Not Good				
Do you have any Medical Condition we should be aware of?	No	Yes – comment								
Were you found guilty of a criminal offence before?	No	Yes – comment								
Have any visa application of you ever been declined before	No	Yes – comment								
Next of Kin / Close Relative / Parents										
Name & Surname										
Telephone / Mobile										
Email Address										
Residential Address										
General Information										
Interests										

Hobbies	
Sport	

Do you play any musical instrument	No	Yes – comment	
Have you ever shot a rifle before?	No	Yes – comment	
Have you ever been to Africa before?	No	Yes – comment	
Have you ever done any similar course before?	No	Yes – comment	
Would you have interest to learn new languages?	No	Yes – comment	
Have you ever done any guiding before?	No	Yes – comment	
How would you describe yourself as a person?			

Please write a short motivation why you would like to do The Complete Professional Tourist Guide Program.	

I declare that the above particulars are complete and correct.

Signature of Applicant

Date

e-Mail

Signature as Witness

Date