

APPLICATION FORM

Please write in block letters:

Surname _____

First names _____

Date of birth _____

Place of birth _____

Physical Address:

Postal Address:

Cell number _____

Email _____

Religion _____

Race _____

Nationality _____

Id No _____

Civil status (single or married, if married state type-Christian, lobola, etc.)

Number of children (if applicable) _____

Family Information

Father's Name _____

Mother's Name _____

Age _____

Age _____

Occupation _____

Occupation _____

Physical Address:

Physical Address:

N^o of children in the family _____ N^o of brothers _____ N^o of sisters _____

Ordinal number among children: (eldest, 3rd, youngest) _____

Academic background

Primary School _____ Years _____

High School _____ Years _____

College _____ Years _____

Personal information

Languages spoken _____

Hobbies _____

Sports _____

Other skills or talents _____

Awards received at school _____

Organization and / or civic group involvement; position held and years

Seminars, conferences attended & year

Other interests _____

Are you suffering from any health problem? Please specify

Any medical precautions to be observed? _____

History of medical attention received/have you ever been to hospital?

The information given herein is to the best of my knowledge, actual and accurate.

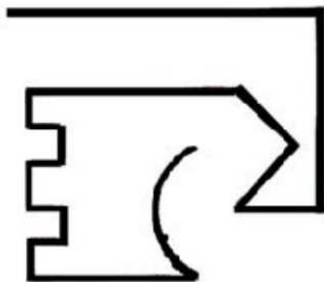
Signature _____

Date _____

PERSONALITY... Please choose the answer that best describes you:

- | | | | | | | | |
|-----------|---|--------------------------|-----|--------------------------|-----------|--------------------------|----|
| 1 | I like being busy. | <input type="checkbox"/> | yes | <input type="checkbox"/> | sometimes | <input type="checkbox"/> | no |
| 2 | I like meeting new people. | <input type="checkbox"/> | yes | <input type="checkbox"/> | sometimes | <input type="checkbox"/> | no |
| 3 | I need to know how things work. | <input type="checkbox"/> | yes | <input type="checkbox"/> | sometimes | <input type="checkbox"/> | no |
| 4 | I get bored easily. | <input type="checkbox"/> | yes | <input type="checkbox"/> | sometimes | <input type="checkbox"/> | no |
| 5 | I run away from problems. | <input type="checkbox"/> | yes | <input type="checkbox"/> | sometimes | <input type="checkbox"/> | no |
| 6 | I love to eat. | <input type="checkbox"/> | yes | <input type="checkbox"/> | sometimes | <input type="checkbox"/> | no |
| 7 | I like working with my hands. | <input type="checkbox"/> | yes | <input type="checkbox"/> | sometimes | <input type="checkbox"/> | no |
| 8 | I am an early bird (like mornings better). | <input type="checkbox"/> | yes | <input type="checkbox"/> | sometimes | <input type="checkbox"/> | no |
| 9 | I am a night owl (like evenings better). | <input type="checkbox"/> | yes | <input type="checkbox"/> | sometimes | <input type="checkbox"/> | no |
| 10 | I am a fussy eater. | <input type="checkbox"/> | yes | <input type="checkbox"/> | sometimes | <input type="checkbox"/> | no |

HAND AND EYE COORDINATION... Copy the following drawing in the space provided, without looking at what you are doing.



OPINIONS AND IDEAS... Please answer each of the following questions in the space provided.

1 What is a family?

2 What is the most important thing(s) anyone can do in their life?

3 What do you hope to achieve in the next 5 years?

4 What is the main problem in society that needs to be improved? What can you do to help?