



+27 82 794 0515 admin@nurserescue.co.za

15 Aandwind street, Pellissier Bloemfontein www.nursetotherescue.co.za

APPLICATION FOR CAREGIVER TRAINING

Please attach copies: ID & CV & Recent head+shoulders photo & Police Clearance

PERSONAL INFORMATION			
Name & Surname			
ID Number			
E-mail Address			
Cell Phone Number			
Home Address			
Home Language		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
BAC KGROUND			
Highest School Grade Passed:	Language Prof ciency:		
<input type="checkbox"/> Grade 12 (Matric)	Can you read and write in English?		
<input type="checkbox"/> Grade 10 - 11	<input type="checkbox"/> Yes <input type="checkbox"/> Basic <input type="checkbox"/> No		
<input type="checkbox"/> Grade 8 - 9	Can you understand and speak English?		
<input type="checkbox"/> Grade 7 or lower	<input type="checkbox"/> Yes <input type="checkbox"/> Basic <input type="checkbox"/> No		
Have you ever worked as a Caregiver before?	Can you understand and speak Afrikaans?		
<i>This can include family members.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Basic <input type="checkbox"/> No		
<input type="checkbox"/> No experience	Do you have a Police Clearance Certif cate?		
<input type="checkbox"/> Yes - informal care (family / neighbour)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach a copy)		
<input type="checkbox"/> Yes - formal care (home care / facility)	Date obtained:		
HEALTH & FITNESS FOR TRAINING			
<i>Training in Home Based Care includes practical activities such as lifting, assisting with mobility, and personal care. (This information is confidential and used only to support you during training.)</i>			
Do you have any medical condition that may af ect your ability to complete the training?	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes (please disclose):		
AVAILABILITY FOR TRAINING & PRACTICAL			
Are you able to attend training sessions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you able to attend practical work hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you work shifts?	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Day or Night		

APPLICANT DECLARATION

I confirm that I am **applying for training in Home Based Care** I understand that:

- This application is for **training purposes only**
- Completing the training does **not guarantee employment**
- Attendance, participation, and assessments are required
- I must follow the training provider's rules, policies, and code of conduct

I declare that the information provided is true and correct.

Applicant Signature: _____ **Date:** _____ / _____ / 2026