



FOR OFFICE USE ONLY:
Accepted YES NO OR Provisionally accepted YES (Provide reason)
Comments:
Signature Date Co-ordinator

Lebone College of Emergency Care 43 Steve Biko Road (Cnr of Steve Biko Road and Belvedere Street) Arcadia 0083

TEL: (012) 356-8000

PLEASE NOTE: The College will not accept faxed or email applications

APPLICATION FOR AMBULANCE EMERGENCY ASSISTANT (AEA) COURSE

ENTRANCE REQUIREMENTS TO AEA COURSE:						
 Grade 12 or equivalent Valid HPCSA registration certificate and registration card BAA certificate and valid two (2) years BLS Refresher Certificate RSA Identity Document Valid Drivers Licence and PDP Proof of 1000 hours by means of an official letter signed and dated by an au GPG/LG EMS employed staff 	thorized Manager (M	linimum of six (6) montl	hs employment)			
A. PERSONAL PARTICULARS:	RACE:					
Surname:	African	Asian/Indian	Coloured	White		
Maiden name:				Local Government / Municipality		
First names:	GENDER:					
Identity number:	Male	Female				
Highest Education: Year obtained						
Contact number: (W)						
Cell no:	Alternative contact no:					
Email:						
B. EMPLOYMENT:	INDICATE WITH AN X					
Employing Service:	Ga	uteng Provincial	Local Go	vernment /		
District: Base:	Government		Mun	Municipality		
Date of employment:			I			
Have you applied for any other Course that is presented at the College: If yes, for which course did you apply for:						
Full time Part time Volunteer	Reservist					

APPLICATION FOR AEA COURSE

C. PREVIOUS ATTENDANCE: Have you previously attended a course that you are currently applying for? YES NO If yes, which year? Please provide reasons for not completing the course:	
D. MEDICAL FITNESS: 1. Do you have a disability? YES If yes, attach details 2. Do you or have you suffered from any physical or mental illness? YES If yes, attach details If yes, attach details	
3. Is there any reason why you should not participate in the physical component of the training program? YES NO	

E. CERTIFIED COPIES OF DOCUMENTS TO BE ATTACHED:	YES	NO
1. Grade 12 certificate or equivalent		
2. Valid HPCSA registration certificate & current HPCSA registration card		
3. BAA certificate		
4. RSA Identity document		
5. Valid driver's licence and Public Drivers Permit (PDP)		
6. Valid BLS Refresher Certificate not less than two (2) years		
 Proof of 1000 hours (Official letter signed and dated by an authorized Manager – minimum of six (6) months employment) 		
8. Nomination form with Managers signature		

F. DECLARATION:

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_ (Full names), ID _____

____ declare that all the above

information is true and correct.

Public Finance Management Act (PFMA) does not allow for fruitless expenditure. Should you be selected to attend the course and you are unable to complete the course due to personal reasons and or non academic achievements, the Department may recover training costs from you.

SIGNATURE OF APPLICANT

DATE