VOLUNTEERING APPLICATION

Suite 0115, 83 Albertina Sisulu Road, Johannesburg 2000 South Africa. T: +27 11 0371016/7/8 E: international.office@equationeducators.com

Equation Educators Training and Consulting (Pty) Ltd (EETEC) does not discriminate on the basis of race, color, national origin, disability, age, gender, and sexual orientation or religious affiliations.

EETEC reserves the right to deny applications for any reason deemed appropriate by EETEC management.

IMPORTANT : Supporting Documents must include; a copy of your highest school certificate, Birth Certificate, ID/International Passport and CV/Resume

PASSPOST

PHOTOGRAPH

CURRENT PERSONAL INFORMATION

■ MR. ■ MS	*Print your name as shown on your passport in BLOCK LETTERS*
Last name	
Full names	
Date of birth *(dd/mm/yy)*	**Age** / **Male / female**
Place of birth *(city, state, country)*	
Country of citizenship	
Passport number *(valid through end of program)*	**Expiration date**
Current address *(you must complete this accurately as it may affect your visa application)*	
City	**State/province**
Zip code/country	**Home phone number** / **Cellphone/mobile number**
Email address	

ACCOMODATION OPTIONS

Is accommodation required?	■ Yes ■ No *(Please note that EETEC cannot guarantee that the Applicants will receive their desired choice)*
Do you require homestay during the holiday period?	■ Yes ■ No
Do you have any specific requirements in accommodation as a result of a disability/medical condition?	■ Yes ■ No Specify:
Please give details of special dietary requirements e.g. haalal, vegetarian, no pork, any food allergies.	
Permanent address *(If accommodation has already been arranged)*	
City	**State/province**
Zip code / country	**Telephone**

WELFARE

Do you have any medical conditions?	■ Yes ■ No Specify:
Do you consider yourself to have a disability?	■ Yes ■ No Specify:
Have you been convicted of a relevant criminal offence?	■ Yes ■ No Specify:

All candidates are required by immigration law to have arranged medical insurance prior to arriving at their intended choice of traveled destination.

Please specify what insurance package you would like ■ Single ■ Family

■ **I have my own international insurance and have enclosed a copy**

EDUCATION HISTORY

Please give details of your current or most recent school, college or university. Please ensure official institution transcripts, latest available results or forecast results are attached in English.

Institution Name | **Language of instruction**

Date of Study / / to / /

Date you received (or will receive) your certificate / /

Highest Educational Qualification Name

Institution City/Town | **Institution Country** | **Zip code/country**

Email address | **Institution Telephone Number**

Have you ever studied abroad/in another country? ■ Yes ■ No

*If **yes,** please provide full details of study durations. Please also include a copy of your previous visa (must be completed for visa purposes)*

From / / to / /

Have you ever been refused a visa? ■ Yes ■ No Specify:

LANGUAGE BACKGROUND/PROFICIENCY

List of Spoken Languages	Beginner	Intermediate	Advanced	Native speaker
How would you characterize your oral proficiency in the language spoken at the Country of your choice?				

HOW DID YOU FIND OUT ABOUT US? *(Please circle)*

■ Catalog ■ EETEC Advisor ■ EETEC Office ■ Internet ■ Friend ■ EETEC Representative
■ Other _____

DECLARATION

☐ I declare that the information I have supplied on and with this form is complete and correct.

By signing this form, I certify and acknowledge that I have read, understand and agree to the information on this page and hereby agree to the EETEC Code of Conduct, Release, Medical Disclosure, Cancellation Policy, and Applicants Visa and Passport Information. I also certify that the information I disclosed in all section of this application form is true and correct.

_____ _____

NAME & SIGNATURE OF ACCOUNT HOLDER **DATE**

_____ _____

NAME & SIGNATURE OF WITNESS **DATE**

Applicants Under the age of 21

PARENT/GUARDIAN NAME (PRINT)	**REQUIRED** - PARENT/GUARDIAN SIGNATURE X	**REQUIRED** - RELATIONSHIP TO APPLICANT	DATE
NOTARY NAME (PRINT)	**REQUIRED** - NOTARY SIGNATURE X		DATE

Additional Notes