



# Enrolment Form for Training or Assessment Programmes

Tab between form fields and type your details, or select correct info from drop down list.  
REMEMBER to sign reverse of page

## Personal Details

Title: - Full Name:  
RSA ID: Alternative ID: Birth Date:  
Business Phone Number: Home Phone Number:  
Cell Number: Fax Number:  
Email Address:  
Postal Address:  
Gender: - Equity: - Highest Education:  
Current Occupation: Years in Occupation:  
Nationality: **South African** Socio-Economic Status: **Unspecified**  
Disability Status: **None** Geographical Area: **SA National**

---

## Learning Programme Details

Request for Recognition of Prior Learning

Type of Learning Programme: -  
Name of Learning Programme: -

Please check the units applicable to you:

SAQA ID	Unit standard Title	Credit Value
<input type="checkbox"/> 8478	Create a Guided Experience for Customers	20
<input type="checkbox"/> 9284	Conduct a guided mountain walking experience in a limited geographical area	20
<input type="checkbox"/> 9283	Provide a guided single pitch abseiling experience of less than 60 meters	18
<input type="checkbox"/> 9282	Provide a guided single pitch abseiling experience of more than 60 meters and less 150 meters	2
<input type="checkbox"/> 9285	Provide a guided single pitch rock climbing experience	20
<input type="checkbox"/> 9286	Plan and provide a guided rock climbing experience	48
<input type="checkbox"/> 9287	Plan and provide a guided canyoneering experience	48
<input type="checkbox"/> 9288	Plan and conduct a guided mountain walking experience	48
<input type="checkbox"/> 9289	Plan and conduct a guided mountaineering experience	60
<input type="checkbox"/> 12126	Conduct a guided marine environmental experience	40

---

Please list any Medical condition that may affect your ability to partake in any of the required activities?

---

## Next of Kin Details:

Name: Contact Number:

Where did you hear about this training/assessment opportunity?

## Liability Release and Assumption of Risk

I understand that I may be required to participate in outdoor activities such as mountain walking, rock climbing, abseiling, horse riding, paddling, scuba diving, guiding &/or other adventure based activities dependant on the training / assessment I am requesting and furthermore acknowledge that there are certain risks involved in such activities which may result in injury or even death. With this knowledge, to the extent permitted by law, it is my intention by this instrument to exempt and release AQN, its management and personnel and all related entities from liability or responsibility whatsoever for personal injury, property loss or damage or wrongful death however caused, including but not limited to the negligence of the released parties, whether passive or active.

I understand that in the unlikely event of my requiring medical attention and I am unable to give verbal consent, that I authorise the programme providers to arrange suitable treatment for which I accept responsibility of any costs incurred.

I understand that during my training/assessment, I may be required to attend "on-the-job" training under the supervision of other instructors and leaders. I understand that my conduct during such sessions will affect the quality of the experience for those clients who are attending the activity either favourably or adversely. I therefore agree to behave in a professional manner both in dress and bearing. Furthermore I understand that my conduct during this training includes a responsibility to the clients for their safety and well-being. I hereby acknowledge my responsibility in this manner and agree to accept responsibility for my actions in this regard.

I understand that there are inherent risks involved in outdoor activities and in partaking in these activities I am exposing myself to these risks voluntarily. Some of the risks may involve personal injury, loss of my personal property through theft or absent-mindedness or even the possibility that you will not enjoy the program.

I have considered the implications of tripping over and spraining an ankle, sustaining bruising or grazes, or being hit by falling debris like rocks, sustaining friction burns from ropes, getting overly cold or hot, being wet for long periods, or in extreme circumstances, sustaining major injuries to your whole body in general. There is even the possibility of being bitten by reptiles or mammals, stung by bees or wasps, or being sick from being bitten by mosquitoes or other insects or animals! I may get, sunburnt, dehydrated, exhausted or frozen. Any of these could land me in intensive care or worse, dead.

I understand that my trainers or assessors will do everything in their power to reduce or eliminate the possibility of any of these things happening through professional conduct, risk management, high safety standards and having the ability to deal with emergency situations, but that does not make them infallible.

This then becomes my agreement to accept the possibility of personal risk to myself as being my responsibility.

***I have read, understand and accept the above disclaimer& the AQN Code of Practice/Learner Handbook. I undertake to fulfil all the requirements of the assessment practices as specified by the assessor and AQN.***

Signed: ..... This ..... day of ..... 20.....

Witness: .....