

# Interact Health: Student Enrollment Form



*Fill out the form and email it to [admissions@interacthealthtraining.co.za](mailto:admissions@interacthealthtraining.co.za) with copies of your ID and CV.*

## Personal Details

Information

Your Details

Title: (Mr/Mrs/Miss/Ms)

Surname:

Full Names:

Date of Birth:

Nationality:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Identity Number: \_\_\_\_\_

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Gender:  Male  Female  Other

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Home Language: \_\_\_\_\_

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## Contact Information

Address Details

Contact Numbers

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Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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\_\_\_\_\_ Cellphone: \_\_\_\_\_

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\_\_\_\_\_ Email: \_\_\_\_\_

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Postal Code: \_\_\_\_\_

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Postal Address (if different from home):

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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## Emergency Contact

Next of Kin

Relationship

Name: \_\_\_\_\_

Parent  Guardian  Spouse  Other

Cellphone: \_\_\_\_\_

## Course Selection

Programme Choice

Learning Type

Health Promotion Officer

Online Only

Social Counselling Worker

Hybrid Learning (Online & In-Person)

Home-Based Care Practitioner

Study Period: From \_\_\_\_\_ to \_\_\_\_\_

## Payment Method

*Choose your payment option (banking details will be provided after application):*

Wire Transfer

Bank Deposit

## Additional Information

Special Learning Needs (disability or other barriers):

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Declaration Checklist:

- I have attached a copy of my ID Document
  - I have attached my CV
  - I understand this application is subject to approval
  - I agree to the terms and conditions
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## Signature

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Submission Instructions

1. Fill out this form completely
2. Attach copies of your ID and CV
3. Email everything to: [admissions@interacthealthtraining.co.za](mailto:admissions@interacthealthtraining.co.za)
4. We will contact you within 3 working days

*Need help? Call +27 78 798 6158 or visit [www.interacthealthtraining.co.za](http://www.interacthealthtraining.co.za)*