

TECHNICAL ASSESSMENT APPLICATION FORM



ADVENTURE IS LEARNING

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Submit this form to get the
DATE and VENUE of assessment
from us.
Return this as a clean scan, not
a murky cellphone picture.

AFFILIATED TO THE ADVENTURE QUALIFICATIONS NETWORK, CATHSSETA ACCREDITED TRAINING PROVIDER

SURNAME		FIRST NAME/S	
CELLPHONE NUMBER	EMAIL		
ID NUMBER	WHO DO YOU WORK FOR? CONTACT DETAILS:		
LEARNER NUMBER IF ANY			
WHAT TECHNICAL SPECIALITY ARE YOU SUBMITTING FOR?			
ABSEILING	HIKING	MOUNTAIN BIKING	RAFTING
ZIPLINING	OTHER:		
HAVE YOU SUBMITTED THE FOLLOWING TO YOUR ASAFRICA DROPBOX? (PDFS only!)			
WILDERNESS FIRST AID LEVEL 3	YES / NO	UP TO DATE LOGBOOK	YES / NO
VERIFIED COPY OF ID	YES / NO	VERIFIED COPY OF HIGHEST EDUCATION	YES / NO
COLOUR PHOTO (JPG), head & shoulders, no hat	YES / NO	CURRICULUM VITAE including references	YES / NO
		And record of employment	
TO PREPARE FOR ASSESSMENT, WHICH OF THE FOLLOWING HAVE YOU OBTAINED?			
ATTENDED A COURSE	YES / NO	HAVE THE ASAFRICA CHECKLIST	YES / NO
Where and when?		HAVE A DIFFERENT ASSESSMENT OUTLINE	YES / NO
		Details:	
HAVE LEARNT ONLY ON THE JOB	YES / NO	HAVE A FOREIGN QUALIFICATION ALREADY	YES / NO
Details:		Details:	
WHAT ARE YOUR CAREER GOALS IN ADVENTURE TOURISM?			
TO BE ACCREDITED IN SEVERAL SKILLS	YES / NO	TO RISE TO OPERATIONS MANAGEMENT	YES / NO
Which skills?		What operations:	
TO TRAVEL & WORK ABROAD	YES / NO	TO RUN MY OWN BUSINESS	YES / NO
Details:		Explain:	

Thank you. MAIL THIS FORM TO assess@asafrica. We will be in touch with assessment details & costs.