

ANNEXURE F REGISTRATION FORM

[Regulation 3(1)]



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

ATTACH
PHOTO

**APPLICATION FOR REGISTRATION AS DIVER/SUPERVISOR/INSTRUCTOR/DIVING
SCHOOL/CHAMBER OPERATOR/CONTRACTOR**

REF NUMBER											
PERSONAL INFORMATION											
Identity/Passport Number											
Surname							First Name				
Position in organisation											
Physical address											
Contact details		Telephone no.						Cell no.			
Email address											
Country of origin											
ORGANISATION DETAILS											
Name of commercial diving school/company											
Physical address of diving school/company											
Level of training applying for											
Description of premises to be used (e.g. training rooms in own establishment or hired premises)											
Proposed number of courses per year											
Proposed ratio of students to instructor (theoretical training)											
Proposed ratio of students to instructor (practical training)											
DEMOGRAPHIC INFORMATION											
Race (South African citizens only)		A	C	I	W	Other	*Sex		Male	Female	
Are you a South African citizen?								Yes	No		

If no, indicate date of entry into SA		YYYY	MM	DD
Any disability/restrictions?		Yes	No	
If yes, indicate type of disability/restrictions				
PREVIOUS DIVING HISTORY				
School name				
School registration number				
Levels completed		Class IV, V, VI, III, II, I, Supervisor class IV, III, II, I		
Total no. of logged dives to date			Deepest depth	
Total no. of hours logged (supervisors)			Maximum depths supervised	
CURRENT TRAINING				
School name				
School registration number				
Starting date			Completion date	
Total no. of logged dives to date			Deepest depth	
Total no. of hours logged to date (supervisor)			Maximum depth supervised	
Total no. of chamber logged dives			Deepest depth	
PRACTICAL SKILLS ACQUIRED				
Type of skills acquired (where applicable)	Completed		Remarks	Comments
	Yes	No		
Other: Specify				
WORK EXPERIENCE (CONTRACTORS ONLY)				
Years of experience in undertaking commercial diving projects?				
Type of equipment to be utilised for commercial diving projects?				

NB: DOCUMENTS TO ACCOMPANY REGISTRATION FORM RELEVANT TO THE APPLICATION

- CERTIFIED COPY OF ID OR PASSPORT OF THE APPLICANT
- STAMPED PASSPORT PAGE INDICATING DATE OF ENTRY INTO SA OF THE APPLICANT
- FIRST AID CERTIFICATE
- IN-DATE MEDICAL CERTIFICATE
- 2 PHOTOS
- PORTFOLIO OF EVIDENCE (SUPERVISORS)
- COPIES OF LOGBOOKS FOR SURDO2 AND DAILY OPERATIONS LOGS
- COMPANY REGISTRATION CERTIFICATE (SCHOOLS AND CONTRACTORS)
- PROPOSED SCHOOL SYLLABUS
- PROPOSED TEACHING PLAN
- FINAL ASSESSMENT/EXAMINATION PLAN
- DETAILS OF INSTRUCTORS, SUPERVISORS INCLUDING THEIR CVs AND CERTIFICATION
- PROPOSED COURSE MANUAL
- ANY OTHER ADDITIONAL INFORMATION THAT MAY BE REQUESTED

DECLARATION

I hereby declare that that the information provided above is correct and that I have completed the necessary theoretical and practical training according to the prescribed training standards and the Commercial Diving Regulations. I was found to be competent and can be registered as a class VI, V, IV, III, II, I diver / class IV, III, II, I supervisor / class IV, III, II, I instructor/chamber operator. I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information provided will result in my application being disqualified.

LEARNER'S NAME AND SIGNATURE

Name Date

Signature

SUPERVISOR'S NAME AND SIGNATURE

Name Date

Signature

INSTRUCTOR'S NAME AND SIGNATURE

Name Date

Signature

SCHOOL STAMP

DECLARATION

I, the undersigned, agree that the organisation will abide by the conditions and mandate of the Occupational Health and Safety Act, Commercial Diving Regulations and any other relevant document. I accept that the Department of Employment and Labour is entitled to revoke the organisation's recognition for commercial diver training or to undertake commercial diving projects if the organisation fails to abide by the laid down conditions. I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information provided on behalf of the organisation will result in the application being disqualified.

APPLICANT'S NAME AND SIGNATURE

NameDate

Signature

Position in organisation

Name of the organisation

ORGANISATION STAMP