

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 (where applicable)									
Physical address of the applicant									
Contact details	Telephone no.				Cell no.				
Email address									
Country of origin									
ORGANISATION DETAILS (diving schools/contractors)									
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 (trainee divers only)	YYYY	MM	DD
Any disability/restrictions?	Yes	No	
If yes, indicate type of disability/restrictions			

RENEWAL CARD

Which card are you applying for? (Please tick as appropriate)

DIVERS CARD	<input type="checkbox"/>	SUPERVISORS CARD	<input type="checkbox"/>	INSTRUCTOR CARD	<input type="checkbox"/>
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DIVERS	SUPERVISOR	INSTRUCTOR
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TICK IN THE CORRECT BOX

I	<input type="checkbox"/>	I	<input type="checkbox"/>	I	<input type="checkbox"/>
II	<input type="checkbox"/>	II	<input type="checkbox"/>	II	<input type="checkbox"/>
III	<input type="checkbox"/>	III	<input type="checkbox"/>	III	<input type="checkbox"/>
IV	<input type="checkbox"/>	IV	<input type="checkbox"/>	IV	<input type="checkbox"/>
V	<input type="checkbox"/>	V	<input type="checkbox"/>	V	<input type="checkbox"/>
VI	<input type="checkbox"/>	VI	<input type="checkbox"/>	VI	<input type="checkbox"/>

NEW CARD

PREVIOUS DIVING HISTORY

School name					
School registration number					
Level of class completed	Diver			Supervisor	
	VI	<input type="checkbox"/>	IV	<input type="checkbox"/>	<input type="checkbox"/>
	V	<input type="checkbox"/>	III	<input type="checkbox"/>	<input type="checkbox"/>
	IV	<input type="checkbox"/>	II	<input type="checkbox"/>	<input type="checkbox"/>
	III	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	II	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Total no. of logged dives to date	<input type="text"/>		Deepest depth	<input type="text"/>	
Total no. of hours logged (supervisors)	<input type="text"/>		Maximum depths supervised	<input type="text"/>	

CURRENT TRAINING (LEARNERS ONLY)

School name			
School registration number			
Starting date	<input type="text"/>	Completion date	<input type="text"/>
Total no. of logged dives to date	<input type="text"/>	Deepest depth	<input type="text"/>
Total no. of hours logged to date (supervisor)	<input type="text"/>	Maximum depth supervised	<input type="text"/>

Total no. of chamber logged dives		Deepest depth		
Class of training completed	Diver		Supervisor	Chamber Operator
	VI		IV	
	V		III	
	IV		II	
	III			
	II			
	I			
PRACTICAL SKILLS ACQUIRED (LEARNERS ONLY)				
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
- FIRST AID CERTIFICATE OF APPLICANT
- 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 (DIVING SCHOOLS)
- PROPOSED TEACHING PLAN (DIVING SCHOOLS)
- FINAL ASSESSMENT/EXAMINATION PLAN (DIVING SCHOOLS)
- DETAILS OF INSTRUCTORS, SUPERVISORS INCLUDING THEIR CVs AND CERTIFICATION (DIVING SCHOOLS)
- PROPOSED COURSE MANUAL (DIVING SCHOOLS)
- ANY OTHER ADDITIONAL INFORMATION THAT MAY BE REQUESTED

DECLARATION
<p>I hereby declare 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.</p>
<p><u>APPLICANT/ LEARNER'S NAME AND SIGNATURE</u></p> <p>NameDate</p> <p>Signature</p> <p><u>SUPERVISOR'S NAME AND SIGNATURE</u></p> <p>NameDate</p> <p>Signature</p> <p><u>INSTRUCTOR'S NAME AND SIGNATURE</u></p> <p>NameDate</p> <p>Signature</p>

SCHOOL STAMP

DECLARATION
<p>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.</p>

APPLICANT'S NAME AND SIGNATURE

NameDate

Signature

Position in organisation

Name of the organisation

ORGANISATION STAMP

Account Name: Department of Labour

Bank: First National Bank

ACCOUNT NR: 62025135577

BRANCH CODE: 253145

To help us identify your payment, please quote on **REFERENCE** section as following:

OHS: DR: individual/company name

Contact details:

Postal Address	Department of Employment and Labour Private Bag X117 Pretoria 0001 South Africa
Physical Address	215 Francis Baard Street Laboria House Pretoria South Africa

For attention: Given Aphane

Email: Given.Aphane@labour.gov.za