



DEPARTMENT OF ENVIRONMENTAL AFFAIRS & TOURISM

2nd Tourism Amendment Act 2000

TOURIST GUIDE REGISTRATION FORM FOR THE YEAR 20__/20__

Please tick appropriate box.

? NEW REGISTRATION

? RENEWAL OF TOURIST GUIDE REGISTRATION

PERSONAL PARTICULARS	
TITLE	
SURNAME	
NAMES	
PHOTOGRAPH/S OF GUIDE	
NAME TO BE USED ON BADGE	
TELEPHONE NUMBERS	Cell:
	(W):
	(H):
	(F):
EMAIL ADDRESS	
DATE OF BIRTH	
IDENTITY NUMBER	
POSTAL ADDRESS	
RESIDENTIAL ADDRESS	
BUSINESS ADDRESS	
NATIONALITY	
COUNTRY OF NATIONALITY IF NOT SOUTH AFRICAN	
PASSPORT DETAILS	
WORK PERMIT DETAILS	
PERMANENT RESIDENCY DETAILS	
HAVE YOU BEEN REGISTERED IN THE PRECEDING YEAR	
PREVIOUS TOURIST GUIDE NO.	
LANGUAGE COMPETENCIES (proof to be attached)	

APPROPRIATE TRAINING COURSES SUCCESSFULLY COMPLETED		
MODULE	DATE AND DURATION	TRAINING INSTITUTION
1.		
2.		
3.		
4.		
5.		
6.		

PRACTICAL GUIDING EXPERIENCE				
EMPLOYER	NATURE OF EXPERIENCE	FROM	TO	CONTACT PERSON
1.				
2.				
3.				
4.				
5.				
6.				

QUALIFICATIONS		
NAME OF EDUCATIONAL INSTITUTION	HIGHEST QUALIFICATION	YEAR OBTAINED
1.		
2.		
3.		
4.		
5.		

DRIVER'S LICENCE	
PUBLIC DRIVING PERMIT	

REGISTRATION	
PROVINCE OF REGISTRATION	
National Qualification Framework	
Qualification/s (THETA, TECHNIKON, UNIVERSITY)	

Other specialist qualifications	

STATISTICAL INFORMATION (Please circle)		
RACE		
WHITE	BLACK	COLOURED
INDIAN	ASIAN	OTHERS
GENDER		
MALE	FEMALE	
EMPLOYEMENT		
Employed	Full-time	Part-time
Un-employed		

APPLICATION FEE
PAID AS FOLLOWS
DATE
AMOUNT

<i>I DECLARE THAT THE ABOVE PARTICULARS ARE COMPLETE AND CORRECT</i>	
_____	_____
Signature	Date