**RU STAFF APPLICATION: BASIC LADDER SAFETY TRAINING 2018**

SHE Office(Safety Health Environment), Alumni House, Lucas Avenue. 046 603 7205

Forms available at [www.ru.ac.za/safety/training](http://www.ru.ac.za/safety/training) NB: HOD/Manager/Supervisor should submit the list of participants from his/her dept/div:

**APPLICANTS’ PERSONAL & WORK DETAILS**  [please COMPLETE **all** blank fields below – PRINT CLEARLY] [*this info is for RU’s SETA and BBBEE reporting*]

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| **Employee****Number** | **First Name** | **Surname** | **Job Title** | **Name of RU****Dept/Div** | **Age / ID**<35 35-55 >55 | **Gender**M/F | **Race**A / I / C / W | **Job Grade** |
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**APPLICANTS ARE AVAILABLE TO ATTEND on the FOLLOWING DATE(s):**  [please MARK **all** dates that they **are** availableto attend]

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| April 24 = TUESDAY (**08h30 to 10h30**) | September 4 = TUESDAY (**08h30 to 10h30**) | Other date requested (please specify): |   |

**Reliable contact email address(es)**: (to ensure updates about the course are communicated to course participants above): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**APPROVAL - to be completed by HOD/LINE MANAGER** [HOD/Manager Name Surname]: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

I support this application and release the staff members for the dates and times specified. **Signature**: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Date**: . . . . . . . . . . . . . . . . . . .

please send this application at least 1 week before the course starts to: **safety@ru.ac.za** or deliver to **SHE Office Alumni House, Lucas Avenue, Rhodes University**