

School / Organisation Name: \_\_\_\_\_

Contact Person at School / Organisation: \_\_\_\_\_

Contact Number of School / Organisation: \_\_\_\_\_

Applicant Name and Surname: \_\_\_\_\_

Applicant ID/Passport Number : \_\_\_\_\_

**Occupation (Please Tick):**

<input type="checkbox"/>	Educator	
<input type="checkbox"/>	Coach	
<input type="checkbox"/>	Sub-Contractor	
<input type="checkbox"/>	Volunteer	
<input type="checkbox"/>	Other (please Specify)	

Reason for Applying: \_\_\_\_\_

**Authorisation for drop off and Collection of Sexual Offenders Register Documents**

I, (Name and Surname) \_\_\_\_\_ with ID Number \_\_\_\_\_

Hereby confirm that I have consented to a 3rd party service provider to drop off my application to confirm whether or not my name appears on the sex offenders register.

I further consent to the above-mentioned to collect my certificate once it is ready on my behalf.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_