

Student Application for Enrolment for the Academic Year of 2026

Thank you for your application to study at Eco Ranger.

We would like you to take note of the following:

- Eco Ranger is an Accredited Training Institution with CATHSSETA.
- The applicant needs to submit upon registration a copy of his/her Highest Qualification which is required for the registration process.
- If the parent / guardian is different from the person responsible for the fees, they will be notified via email if the student's application is successful.
- Please Note: A non-refundable deposit is required to secure the enrolment upon acceptance. Details will be provided once your application has been successfully processed.
- Submit the completed application form to: admin@ecoranger.co.za

First Year - Breakdown

Program	Course Details
	Nature Guiding / Safari Guide
Entry Level	Subjects: Taxonomy, Ecology, Geology, Weather & Climate,
Cafari Criida	Astronomy, Botany, Birds, Mammals, Insects, Reptiles.
Safari Guide	Duels austin C. Navinstina C. Cominal
& Tourism	Bushcraft & Navigation & Survival
Iourisiii	Tracking I – Animals
	Trucking I Animais
	Dangerous Game Guiding: Open Safari Vehicle – VPDA I
3 in One	
Safari Nature Guide	Tourism
Tourism	Tourism – Management
Field Ranger	Create a Tourism Experience
	Wilderness First Aid
	Wildlife Photographer
	Ranger I – Field Ranger
	*Physical Selection Required for Armed Field Ranger
	*Bushcraft, Survival, Obstacle Course, Fitness
	Firearm Competency
	*Firearm Control Act
	*Use of Manually Operated Rifle
	*Use of Manually Operated Rifle for Business Purposes



Initials:

Section A: Personal Details of Student

Surname:

First Name/s:							
Preferred Name:							
Date of Birth: (dd/mm/yyyy)					Gender:	Male Female	
ID Number:							
Passport							
Number:							
Home Language:							
Ethnic Group:	Asian White		Coloured Other	Black		Indian	
Citizenship:	Country	of Reside	nce:				
	Citizensł	nip:					
Contact Details							
Residential Address:	Unit / Street / Road:		ıd:				
	Suburb:						
	City / To	wn:					
	Province:						
	Postal C	ode:					
Postal Address: (if applicable)	P.O Box	/ Private Ba	ag:				
	Suburb:						
	City / To						
	Province						
- 1 1	Postal C						
Telephone Numbers:	Home Number: Mobile Number:						
E-mail Address:	WIODIIC	varriber.					
L man / laar ess.							
Section B: Educational Details of Student							
Name of High Scho							
Year Finished:							
Highest Qualificati	ons:						
		E D	A.C N.1	D.C.			



Section C: Medical Details & Dietary Requirements				
Medical Aid:	Name of Medical Aid:			
	Medical Aid Number:			
	Main Member Name:			
Medical &	Any Medical Issues:			
Dietary Details:	Allergies:			
	(Please specify, if any)			
	Dietary Requirements:			
	(Please specify, if any)			

Section D: Parent / Guardian Details				
(Details of one parent / guardian will be sufficient)				
Surname:			Initial:	
First Name/s:				
Preferred Name:				
Home Language:				
Residential Address:	Unit / Street / Road:			
	Suburb:			
	City / Town:			
	Province:			
	Postal Code:			
Telephone	Home Number:			
Numbers:	Mobile Number:			
E-mail Address:				

Section E: Details of Person Responsible for Study Fees				
Surname:			Initial:	
First Name/s:				
Preferred Name:				
Residential	Unit / Street / Road:			
Address:	Suburb:			
	City / Town:			
	Province:			
	Postal Code:			
Mobile Number:				
E-mail Address:				