



**DENVINLEE WILDLIFE MANAGEMENT  
TRADING AS:**

**PROTRACK**

**ANTI-POACHING UNIT**

P.O. BOX 1532  
HOEDSPRUIT 1380

SOB Reg. No. 0346020 TEL: 015-7932585 OR 015-7933914 fax: 0866857924  
Training centre: 0351350/T413 Vat: 4800164297 CK 9402542123 email:  
[protrack@worldonline.co.za](mailto:protrack@worldonline.co.za)

Members: Mr. D. V Barkas; Mrs L. S Barkas 082-3852690

**PROTRACK APPLICATION FORM**

FIRST NAME		
SURNAME		
DATE OF BIRTH		
AGE		
GENDER		
ID NUMBER		
RESIDENTIAL ADDRESS		
POSTAL ADDRESS & EMAIL ADDRESS		
TELEPHONE NUMBER		
NEXT OF KIN NAME		
NEXT OF KIN TELEPHONE NUMBER		
NEXT OF KIN POSTAL ADDRESS & EMAIL ADDRESS		
HOME LANGUAGE		
PROFICIENT IN OTHER LANGUAGES (NAMELY)		
RELIGION		
RACE		
HEIGHT and WEIGHT		

**DECLARATION**

WHY DO YOU WISH TO JOIN PROTRACK?	
WHAT DO YOUR FAMILY AND FRIENDS SAY ABOUT YOU JOINING PROTRACK?	
DO YOU AND YOUR FAMILY UNDERSTAND THAT YOU WILL BE SIGNING INTO A ONE YEAR CONTRACT?	
DO YOU DECLARE YOURSELF TO BE WILLING TO ABIDE BY THE RULES AND REGULATIONS WITH REGARD TO DRESS, HAIR AND UNIFORMS?	
YOU ARE WILLING TO DO AND UNDERSTAND THE INITIAL 6 WEEK TRAINING COURSE?	
HAVE YOU EVER RECEIVED MILITARY OR POLICE TRAINING? IF YES PLEASE LIST DETAILS BELOW:	
HOW DO YOU SPEND YOUR FREE TIME?	
ARE YOU A MEMBER OF ANY CLUB OR ASSOCIATIONS?	
WHAT IN YOUR OPINION WILL MAKE YOU A GOOD MEMBER OF PROTRACK?	
YOU DO UNDERSTAND YOUR WORKING HOURS WILL IRREGULAR DUE TO THE NATURE OF THE WORK AND TRAINING?	
<b>DO YOU HAVE A CRIMINAL RECORD?</b>	
DO YOU HAVE A VALID DRIVERS LICENSE?	
DO YOU UNDERSTAND THAT YOU ARE SIGNING INTO A ONE YEAR CONTRACT AND IF BREACHED YOU WILL BE LIABLE?	
DO YOU UNDERSTAND THAT YOU WILL BE PATROLLING FOR EXTENDED PERIODS OF TIME IN AREAS WITH DANGEROUS GAME?	
DO YOU UNDERSTAND YOU WILL RECEIVE 4 DAYS OFF AT THE END OF EACH PATROL	
DO YOU UNDERSTAND THAT BEFORE ANY COMPASSIONATE LEAVE IS GRANTED FOR DEATH OR ILLNESS A DOCTOR'S LETTER OF DEATH CERTIFICATE IS REQUIRED?	
DO YOU UNDERSTAND THAT NO LEAVE WILL BE GRANTED OVER NEW YEAR OR CHRISTMAS?	
DO YOU UNDERSTAND THAT YOU MAY NOT BRING YOUR OWN FIREARMS, ALCOHOL OR ILLEGAL SUBSTANCES?	
DO YOU UNDERSTAND THAT YOU WILL RECEIVE NO CORRESPONDENCE IF YOU BREACH YOUR CONTRACT OR DO NOT COMPLETE YOUR TRAINING?	
DO YOU UNDERSTAND THAT YOU WILL BE LIABLE FOR ANY DAMAGED OR LOST EQUIPMENT?	
DO YOU UNDERSTAND THAT PROTRACK WILL NOT BE HELD ACCOUNTABLE FOR ANY MEDICAL CONDITION THAT MAY ARISE DURING TRAINING?	
DO YOU HAVE A PRE-EXISTING INJURY OR MEDICAL CONDITION/DISABILITY THAT WOULD AFFECT YOUR ABILITY TO DO THIS WORK?	
IF SO, CAN YOU PROVIDE DETAILS OF THE INJURY/DISABILITY OR MEDICAL CONDITION, AND ANY CURRENT RESTRICTIONS IT MAY HAVE ON YOUR ABILITY TO DO THIS WORK?	
ANY PHYSICAL OR MENTAL CONDITIONS OF WHICH YOU ARE AWARE?	
DO YOU TAKE ANY MEDICATIONS ON A REGULAR BASIS? IF SO, PLEASE LIST THEM:	
ANY MAJOR ILLNESSES THAT YOU MAY HAVE SUFFERED	

**FAILURE TO REPORT ALL CURRENT OR PREVIOUS PHYSICAL & MENTAL CONDITIONS WILL BE GROUNDS FOR TERMINATION.**

**INDEMNITY AGREEMENT:**

I \_\_\_\_\_ ID \_\_\_\_\_, HAVE READ AND UNDERSTOOD THE ABOVE DECLARATION. I HEREBY DECLARE THAT I KNOW AND UNDERSTAND THE NATURE OF THE TRAINING COURSE I AM UNDERTAKING AND AGREE TO DO SO AT MY OWN FREE WILL AND FURTHERMORE THAT IF I DO NOT COMPLETE THE COURSE, THAT I CANNOT INITIATE ANY LEGAL ACTION AGAINST PROTRACK ANTI-POACHING UNIT. I DO NOT HOLD PROTRACK RESPONSIBLE FOR ANY LOSS OR DAMAGE, PHYSICAL OR MENTAL INJURY TO MYSELF OR PERSONAL PROPERTY, WHILST UNDERTAKING THIS COURSE. I FURTHERMORE ABIDE TO ALL THE RULES AND CODE OF CONDUCT OF PROTRACK ANTI-POACHING UNIT.

DATE: \_\_\_\_\_

PLACE: \_\_\_\_\_

(SIGNATURE): \_\_\_\_\_

Date:

Course Name:

What date and course do you want to join?		
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**Please furnish the following information for one parent:**

Their full name and surname: \_\_\_\_\_

Their ID Number: \_\_\_\_\_

Their Cell Phone Number: \_\_\_\_\_

Their street address in full:

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\_\_\_\_\_

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Please let us know how you heard about this anti-poaching course:

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(Document updated 7 July 2017)