

## Training Centre for Young Adults With Learning Challenges

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### MEMBERSHIP APPLICATION FORM

Please complete this form in full. Membership will be activated once payment is received. Membership is valid for 12 consecutive months.

Section	Details / Information
Student Information	Name: _____ Date of Birth: _____ ID Number: _____ Contact Number: _____ Email Address: _____
Diagnosis / Medical Information	Diagnosis / Condition(s): _____ Medical Conditions / Allergies (if any): _____
Parent / Guardian 1	Name: _____ Contact Number: _____ Email Address: _____
Parent / Guardian 2	Name: _____ Contact Number: _____ Email Address: _____
Alternative Contact Person	Name: _____ Relationship to Student: _____ Contact Number: _____
Membership Details	Annual Membership Fee: R700.00 (payment arrangements can be made if needed) Membership Period: 12 months from activation date
Emergency Information	Emergency Contact Name: _____ Relationship to Student: _____ Contact Number: _____

Consent & Agreement	<p>I, the undersigned, hereby apply for membership of The Living Link and agree to the following:</p> <ul style="list-style-type: none"> <li>• Membership is valid for 12 months from the date payment is received.</li> <li>• Membership benefits and placement services are only available to active members.</li> <li>• I agree that relevant information about the student may be shared with companies, employers, or other stakeholders for the purpose of job placement, training, or support services.</li> </ul> <p>Student name: _____</p> <p>Signature: _____</p> <p>Parent / Guardian Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
Staff Review	<p>Branch Manager/Employment Consultant: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
For Office Use Only	<p>Membership Activated on: _____</p> <p>Activated by: _____</p>