



UNDER THE AEGIS OF THE MINISTRY OF ARTS AND CULTURE

APPLICATION FORM FOR PARTICIPATION IN THE TRAINING PROGRAMME

Professional Development in Tour Guiding – Le Morne Brabant Mountain

SECTION A – PERSONAL DETAILS

1. Title (Mr/Ms/Mrs):

As per National Identity Card

2. First Name:

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3. Surname

4. National Identity Card No.:

5. Date of Birth:// (Day/Month/Year)

6. Age:

7. Sex: ☐ Male

☐ Female

8. Nationality:

9. Residential Address:

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10. Contact Number(s)

Mobile:

Home:

11. Email Address [if any]:

SECTION B – EDUCATIONAL BACKGROUND

12. Highest Educational Qualification

- ☐ CPE / Grade 6
- ☐ SC/grade 10
- ☐ HSC/grade 12
- ☐ Certificate
- ☐ Diploma
- ☐ Degree
- ☐ Any short course you have followed [pls attach evidence]:
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- ☐ Other qualifications, please specify:

13. Name(s) of School(s)/Institutions attended:

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14. Languages Spoken and written:

No.	Languages		<u>Spoken</u>	<u>Written</u>
1	English		☐	☐
2	French		☐	☐
3	Mauritian Creole		☐	☐
4	German		☐	☐
5	Italian		☐	☐
6	Other: _____		☐	☐

SECTION C – WORK EXPERIENCE

15. What is your current profession/s [full-time/part-time/freelance]?

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16. If you currently work as a guide (freelance or full-time) at any site in Mauritius or in the tourism sector, please provide details of your activity as a guide:

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17. Do you work for a tourist operator?

☐ Yes: Name of the operator:

☐ No

18. Do you currently hold clearance from Le Morne Heritage Trust Fund to operate hiking activities on Le Morne Brabant Mountain?

☐ Yes

☐ No

If yes, please attach a copy of the clearance to this application

19. Please indicate any experience in the following:

Experience Area	Yes	No
Tour guiding		
Trekking / hiking		
Heritage or cultural activities		
Hospitality / tourism		
First aid / emergency response		
Environmental conservation		

20. Please provide brief details of relevant experience:

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SECTION D – MEDICAL FITNESS

21. Are you physically fit to participate in hiking and trekking activities?

☐ Yes

☐ No

22. Do you suffer from any medical condition that may affect participation in the programme?

☐ Yes

☐ No

If yes, indicate your medical condition:

SECTION E – MOTIVATION STATEMENT [120 words maximum]

23. Briefly explain why you wish to participate in this training programme and how you intend to contribute to the promotion and protection of Le Morne Brabant Mountain.

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SECTION G – DOCUMENTS TO BE ATTACHED

Please tick (✓) the documents attached to this application:

Documents	Tick (✓)	For office use
a) Copy of National Identity Card	☐	
b) Passport-size photograph	☐	
c) Copies of educational certificates	☐	
d) Proof of guiding / trekking experience (if applicable)	☐	
e) Le Morne Heritage Trust Fund clearance (if applicable)	☐	
f) Any other supporting documents	☐	

SECTION H – DECLARATION

I hereby declare that the facts stated in this form and the accompanying information are true and correct to the best of my knowledge and that I have not withheld/distorted any material fact.

I understand that:

- I need to be available to participate in the 10-week training programme that includes field trips;
- submission of this application does not guarantee selection;
- participation in this training does not guarantee a licence from the Tourism Authority or a clearance from Le Morne Heritage Trust Fund;
- attendance throughout the training programme is compulsory;
- false or misleading information may lead to disqualification.

Name of Applicant:

Signature:

Date: