# ENQUIRIES: BASIC SA SIGN LANGUAGE COURSE

**Please complete this form, mark one or more of the choices, scan and send back to the Development Institute for the Deaf and Blind at did@mweb.co.za.**

_____

**TITLE, NAME AND SURNAME OF APPLICANT OR RELEVANT PERSON.**

_____ _____ _____

**CELL NUMBER** **TELEPHONE NUMBER** **E-MAIL ADDRESS**

_____

**NAME OF ORGANISATION/SCHOOL**

_____ _____ _____

**CELL NUMBER** **TELEPHONE NUMBER** **E-MAIL ADDRESS**

_____

**ADDRESS AND PROVINCE OF APPLICANT, ORGANISATION or SCHOOL**

## PLEASE MARK ONE OR MORE OF THE FOLLOWING CHOICES:

### INDIVIDUAL PERSONS:

☐ I AM INTERESTED IN THE **20-HOUR** BASIC SOUTH AFRICAN SIGN LANGUAGE (SASL) COURSE MYSELF AND REQUEST AN APPLICATION FORM.

☐ I AM INTERESTED IN THE **30-HOUR** BASIC SASL COURSE MYSELF WITH ADDITIONAL **WORK-RELATED** SA SIGN LANGUAGE TRAINING AND REQUEST AN APPLICATION FORM.

☐ I AM INTERESTED IN THE **40-HOUR** BASIC SASL COURSE MYSELF WITH ADDITIONAL **WORK-RELATED AND JOB-SPECIFIC** SASL TRAINING AND REQUEST AN APPLICATION FORM

☐ THERE IS A **DEAF PERSON** IN OUR FAMILY. **(50% Discount for relatives of Deaf persons, persons employed at schools for the Deaf, or persons in rural areas.)**

### GROUPS:

☐ WE ARE INTERESTED IN THE **20-HOUR** BASIC SA SIGN LANGUAGE (SASL) COURSE FOR PERSONS AND REQUEST A GROUP APPLICATION FORM. _____ NUMBER

☐ WE ARE INTERESTED IN THE **30-HOUR** BASIC SA SIGN LANGUAGE (SASL) COURSE FOR PERSONS WITH ADDITIONAL **WORK-RELATED** SASL TRAINING . _____ NUMBER

☐ WE ARE INTERESTED IN THE **40-HOUR** BASIC SA SIGN LANGUAGE (SASL) COURSE FOR PERSONS WITH ADDITIONAL **WORK-RELATED AND JOB-SPECIFIC** SASL. _____ NUMBER

☐ **WE ARE TEACHING DEAF LEARNERS / WORKING WITH DEAF PEOPLE. (50% Discount)**

**FOR MORE INFORMATION: Contact the Development Institute for the Deaf and Blind: E-mail: did@mweb.co.za, WhatsApp: 067 623 5065 or www.sasignlanguage.co.za**