

**CAREER DIRECT**  
*Educational*  
**APPLICATION FORM**



<b>ABOUT THE CHILD:</b>	
Name and Surname:	Janneka du Plessis
Date of Birth:	03 March 2009
Email address:	Janneka.duplessis@gmail.com
Contact number:	0729866755
Age:	16
Physical address:	
Preferred language for assessment feedback:	Afrikaans: <input checked="" type="checkbox"/> English: <input type="checkbox"/>
What are your hobbies:	
Current grade:	10
Name of School:	Hoërskool Garsfontein
School subjects and academic results in %:	Afr 75 Eng 68 Wisk 30 LO 96 CAT 50 Gasvryheid 67 Toerisme 77
What subjects do you like <b>most</b> :	Toerisme and Gasvryheid
What subjects do you like <b>least</b> :	Wisk
Outstanding Achievements and Successes:	
Do you want to go and study after school? If so, what do you want to study and where?	Not sure yet
Which occupations are you interested in?	Ministry, Manager and Hair dresser

<b>ABOUT THE PARENTS:</b>	
Parent/Guardian 1: Name, Surname and Occupation:	Bianca du Plessis Sales Rep
Contact number:	0825512359
Email address:	<a href="mailto:biancabeetge@yahoo.com">biancabeetge@yahoo.com</a>
Parent/Guardian 2: Name, Surname and Occupation: (If no 2nd parent or guardian is involved, please just say N/A.)	N/A

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Contact number:	
Email address:	

<b>PERSON RESPONSABLE FOR ACCOUNT</b>	
Name and Surname:	N/A
Contact number:	N/A
Email address:	N/A
Payment option:	<input type="checkbox"/> : Full amount of R1350 <input type="checkbox"/> : 2 Payments: R800 to secure testing and R500 before feedback sessions
Contact number:	N/A
Email address:	N/A
By clicking 'I Agree,' I accept full responsibility for this payment and agree to pay the required amount	<input type="checkbox"/> : YES <input type="checkbox"/> : NO
Date:	Click or tap to enter a date.

<b>EXPECTATIONS AND FEEDBACK</b>	
Child's Expectation. (Please indicate what is the expectations of the child for doing this assessment.)	To find out what I am good at and what will work for me.
Parents' Expectation. (Please indicate what the expectations of the parent(s) are for doing this assessment.)	
How did you hear from us:	<input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> LinkedIn <input type="checkbox"/> Google <input type="checkbox"/> From someone Other: _____
Who was the person that referred you?	

**DECLARATION & DISCLAIMER**

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By submitting this form, I confirm that the details I have provided are true and correct. I understand that this information will only be used by **3Degree Growth Consultants** for its intended purposes and will be kept private. I also agree that whenever permission is needed to use or share this information, it will first be asked for and obtained.

I acknowledge that this assessment has been designed to provide thorough and helpful guidance. However, I understand that no assessment can guarantee complete accuracy, and in some cases, additional testing or evaluations may be necessary to confirm results. By submitting this form, I agree that **3Degree Growth Consultants** and its representatives cannot be held liable for any decisions, outcomes, or interpretations made based on this assessment.

At the same time, I also understand that **3Degree Growth Consultants** is committed to walking alongside me in this journey. I will be supported, guided, and encouraged throughout the process, and I can trust that I will not be left without direction or care.

Name and Surname: Click or tap here to enter text.

Date: Click or tap to enter a date.