



LEARNER REFERENCE NR:

**Please note that no incomplete applications will be considered. Before submitting your application, please check that you have done everything on the list below applicable to you. Please tick the box next to each point when you have checked it.**

#	ITEM TO BE CHECKED ** ITEMS TO ATTACH	TO TICK OFF	
		APPLICANT	COLLEGE
1	** Certified copy of your ID document?		
2	** Certified copy of your highest academic qualification?		
3	** Proof of residential address?		
4	** Medical Certificate completed by medical doctor / registered nurse		
5	** Copy of your SARS Income Tax Number?		
6	Did you complete all sections of the form that apply to you?		
7	Do you meet the minimum admission requirements for the program you are applying for?		
8	Did you sign the 'Agreement' declaring that the information furnished is correct?		
9	If you are under 18, did your parent / guardian sign the form?		
10	Did you provide all the contact details requested in the form?		

**SECTION A: COURSE APPLICATION**

I would like to apply to attend the following course:

COURSE NAME: Option 1

Option 2

Option 3

**SECTION B: APPLICANT PERSONAL DETAILS:**

Please write one letter per block, starting in the first block. Leave one block open between names, Mark your particulars with an x where applicable:

PLEASE NOTE: ATTACH ID / PASSPORT / PROOF OF RESIDENCE / HIGHEST SCHOOL QUALIFICATION / SARS INCOME TAX NUMBER

Title  MR  MRS  MISS Initials

Surname

Maiden name (if Married)

Full name(s)

Date of birth  D  D  M  M  Y  Y  Y  Y Age

ID / Passport number

Income Tax number

Gender  Female  Male

Ethnicity  BA=Black African  BC=Black Colored  BI=Indian  WH=White

Marital status  Single  Married

Home language  Afrikaans  English  IsiXhosa  IsiZulu  
 Setswana  Sesotho  Other, Specify: \_\_\_\_\_



**\*Please note: All training is done in English. All learning material and modules are in English. All tests, Exams and assessments will also be conducted strictly in English.**

**SECTION C: APPLICANT CONTACT DETAILS**

	Residential address	Postal Address	Address during studies
<b>APPLICANT (LEARNER)</b>	Address line 1		
	Address line 2		
	Suburb		
	Town		
	Postal Code		
	Telephone number (H)		
	Telephone number(W)		
	Cell number		
	Fax / Efax		
	Email		
Alternative number 1			
Alternative number 2			

**SECTION D: PARENT/ GUARDIAN CONTACT & PERSONAL DETAILS**

**1. CONTACT DETAILS**

	Residential address	Postal Address	
<b>PARENT / GUARDIAN</b>	Address line 1		
	Address line 2		
	Suburb		
	Town		
	Postal Code		
	Telephone number (H)		
	Telephone number(W)		
	Cell number		
	Fax / Efax		
	Email		

**2. PERSONAL DETAILS**

Surname	Initials							Title
Full names								
ID								

Billing document (proof of residence) provided?      YES      NO

**SECTION E: DISABILITY STATUS**

**DISABILITY**

**If you have a disability, please complete the following:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Attention deficit disorder with / without hyperactivity<br>ADHD | <input type="checkbox"/> Autistic spectrum disorders  | <input type="checkbox"/> Behavioural / conduct disorder<br>(including severe behavioural problems) |
| <input type="checkbox"/> Cerebral palsy  | <input type="checkbox"/> Blindness                    | <input type="checkbox"/> Deafness  |
| <input type="checkbox"/> Epilepsy  | <input type="checkbox"/> Deaf-blindness               | <input type="checkbox"/> Mild to moderate intellectual disability                                  |
| <input type="checkbox"/> Partial sightedness / Low vision                                | <input type="checkbox"/> Hard of hearing              | <input type="checkbox"/> Moderate to severe intellectual disability                                |
| <input type="checkbox"/> Severely intellectually disabled                                | <input type="checkbox"/> Physical disability          | <input type="checkbox"/> Psychiatric disorder  |
|  | <input type="checkbox"/> Specific learning disability |  |

**\*IF ANY DISABILITY, PROOF IN THE FORM OF A MEDICAL CERTIFICATE, SIGNED AND STAMPED BY A MEDICAL DOCTOR MUST BE SUBMITTED WITH THE APPLICATION**



SECTION F: EMPLOYMENT DETAILS

Occupation
Name of employer
Start date End date
For account of employer? YES NO Signature of employer

SECTION G: PREVIOUS STUDIES APPLICATION / SCHOOL QUALIFICATION. PLEASE ATTACH.

(Indicate whether you studied at a FET College / University, etc or worked last year. If 'other', indicate what you did under 'specify')
Activity last year Studied Worked Other Specify
Please provide details of your most recent enrolment, if lower than Grade 12
Name of institution attended (school, college, etc.)
Highest qualification completed
Subjects Completed

SECTION H: ACCOUNT DETAILS

Person responsible for payment of account. If the employer or bursar is responsible for payment, a letter from the employer or bursar must be attached to this form. The learner will be liable for payment of fees, should the employer or bursary not pay.

Relationship (e.g. father / employer / bursar)
Title MR MRS MISS Initials
Surname
First Name
I.D. Number
Address (domicillium citandi et executandi)
Postal address
Postal code
Telephone number (H) (W)
Cell number
Email address
PAYMENT METHOD Monthly Once off Signature

SECTION I: TUITION FEES



Accredited Training Trade Test Centre Skills Development Business Services

- 1. A non-refundable Administration fee is required on registration.
(Please be advised that this could be subject to change at the discretion of the College.)
2. A prorated refund of fees will only be considered in the following instances:
a. Death; or b. The College is unable for one reason or another to offer or continue the course.
3. Learners that decide to abandon their studies after 10 days will remain liable for the full tuition fee

SECTION J: LEARNER DECLARATION

By signing this agreement I / we \_\_\_\_\_ (learner) and \_\_\_\_\_

(parent / legal guardian) hereby declare that I / we:

- 1. Understand and undertake to conform to all the requirements of the Learner Code of Conduct and the Learner Disciplinary Procedure.
2. Will ensure that I am familiar with and abide with the Rules and Regulations that apply to my chosen course.
3. Acknowledge that I will be excluded from lectures, tests or examinations if I do not comply with the attendance and academic requirements of the course, and if my fees are not paid as agreed.
4. Will familiarize myself with the assessment requirements in my programme and will adhere to these requirements regarding tests, assignments, portfolios, year marks, practicals, etc.
5. Will be liable for all costs, collection charges and any other disbursement incurred by the College in recovering monies owed to it.
6. Have supplied the College with the full and correct information on all documentation.
7. Will not hold the College responsible for any errors or omissions in this document.
8. Hereby agree to and accept the applicability of all policies of the College.
9. Accept that changes to my programme and / or subject(s) may only take place within two weeks of the commencement of the course.
10. That I accept that any refunds will take place in strict compliance with the College Refund Policy (refer Section I point 3).
11. Understand that any false declaration of this application will result in the application to register, being refused, and may result in legal action against the signatories.
12. Agree to the application of South African law in the event of legal action between ourselves and the College, and to the jurisdiction of the George Magistrates Court. In such a case, the College shall not be obliged to provide a deposit.
13. Undertake that all outstanding fees will be paid according to the agreement – on time every time.
14. The learner and parent / legal guardian further agree that while any anti-social conduct may result in disciplinary action, unlawful activities or serious misconduct may lead to summary expulsion and that any decision in this regard would be at the sole discretion of the College, without any deliberations being entered into under any circumstances whatsoever and that the decision of the College shall be absolute, legal and binding; and further agree that the College may amend the code of conduct, Disciplinary Procedure or Rules and Regulations at its own discretion at any time, without prior notification, and all such amendments shall be construed to form part of this agreement.
15. Outstanding fees will result in classes being terminated, and / or that a learner will not be allowed to write tests, or examinations or do their assessments / practicals.

SECTION K: INDEMNITY AND LEGAL AGREEMENT

- 1. The College shall not be held liable or responsible for any medical and / or other costs, claims or expenses of any course of action decided upon by any member of the College staff in the event of the conditions or circumstances referred to in this indemnity, irrespective of whether such a course of action involves any negligent act or omission on the part of the person(s) concerned.
2. We hereby waive all claims against the College, the Managing Director (MD), and teaching staff, as well as non-teaching staff of the College acting with the cause and scope of their employment, for any damage or loss suffered while said premises of the College, such damage or loss suffered out of: any loss of health or illness of the said learner; loss or destruction or damage to any property, however such damage or loss is caused, regardless of whether the said loss or damage has been caused by the negligence in the manner or by persons referred to above.
3. I/We hereby indemnify the College, the MD as well as teaching staff and non-teaching staff of the College against any claim by any person arising in any way as contemplated in the aforementioned paragraph or in respect of negligence or willful acts or omission on the part of the said learner.
4. I hereby consent that I may participate in all excursions, which may be organized and / or presented by the college. I hereby indemnify the college and / or employee(s) of the College acting within the scope of his / her contract of service with the College, against any loss.

We hereby declare that all information given in this application is accurate and correct.

By our signatures hereto we agree to all the terms and conditions stated here in.

Learner Signature \_\_\_\_\_

Date [D][D][M][M][Y][Y][Y][Y]

Parent / Guardian Signature \_\_\_\_\_

Date [D][D][M][M][Y][Y][Y][Y]

Employer Signature (if responsible for account) \_\_\_\_\_

Date [D][D][M][M][Y][Y][Y][Y]

SECTION L: METHODS OF PAYMENT

For your information, please take note of the various options that are available once you are accepted to study at the College. With registration, a specified amount (depending on the course) must be paid by time of commencement. The balance of the fees may be paid according to the various options. Payment



Accredited Training

Trade Test Centre

Skills Development

Business Services

can be made in the following ways: cheque (payable to Africa Skills). Write the learner number on the back of cheque; cash to the cashier; bank deposit or electronic transfer.

You must always state your ID, initials and surname, and course, for reference purposes.

**Bank details:**      **Bank:** Nedbank      **Branch Name:** York Street  
**Bank Code:** 162645      **Account Number:** 1626568162  
**Account Holder:** Africa Skills Village (Training and Management Services (Pty) Ltd

FOR OFFICE USE ONLY		
<b>APPROVED</b>	<b>YES</b>	<b>NO</b>
<b>BURSARY LEARNER</b>	<b>YES</b>	<b>NO</b>
<b>ENROLLED BY:</b>		
<b>CAPTURED BY:</b>		
<b>RECEIPT NUMBER: ADMINISTRATION FEE (Non Refundable)</b>		
<b>Date Application Received</b>		
<b>Date the Learner is Notified of Selection Approval</b>		
<b>Contract Name Learner is enrolled on</b>		