

## APPLICATION FORM

Complete in full [block letters] and return with your deposit, a certified copy of your ID/Passport and Certificates (eg Matric).

Course Name:                      Grade 0:                      Certificate     Diploma

Course Duration:                12 months  Sat (09h00 – 12h00)  (12h30 – 15h30)                      Starting Date: \_\_\_\_/\_\_\_\_/20\_\_

**NOTE:**                                      Gr 0 Certificate runs 2 Sat per month and Diploma runs 1 Sat per month

### Learner Information:

Surname(as on ID): \_\_\_\_\_ Known Name: \_\_\_\_\_

Names: \_\_\_\_\_

Health Problems: \_\_\_\_\_

ID/Passport No:

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Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Highest Qualification: \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_

### Emergency Contact Details (Next of Kin)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Cell: \_\_\_\_\_

### Payment Agreement:

Cash price R \_\_\_\_\_

Terms price: R \_\_\_\_\_ - Being a non-refundable deposit of R \_\_\_\_\_ plus R \_\_\_\_\_ per month for \_\_\_\_ months starting at the end of the month the course commences as stated on invoice.

### Learner Agreement:

- *I acknowledge that I shall not be entitled to any reduction or refund for fees should I not complete the course for any reason whatever.*
- *If accounts are not paid as per conditions stated on invoice, I/we will be handed over for collection to a debt collection agency. I shall be liable for all costs incurred on a scale as between attorney and own client.*
- *I agree that I will not permit anyone to study from or use any course material I receive without the written permission of the Professional Child Care College (Pty) Ltd.*

Learner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 1. Full details of person / business responsible for fees on behalf of the applicant , (if not the applicant )

**2. If responsible person / business to be invoiced instead of student - please tick:**     YES     NO

Business / Person Name: \_\_\_\_\_

Contact Person: First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID/Passport No:

Company Reg.:

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Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (W): \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_