

## APPLICATION FORM

Complete in full (block letters) and return with your deposit, a certified copy of your ID or Passport and Certificates (e.g. Grade 12)

Course Name: Barriers to Learning.

Course Duration: 3 Months – 2 Saturdays (12:30 – 15:30)

Starting Date: \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

### Learner Information:

Surname (as on ID Document): \_\_\_\_\_ Known name: \_\_\_\_\_

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

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

ID Number or Passport Number: 

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

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

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

Telephone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell Phone): \_\_\_\_\_

E mail Address: \_\_\_\_\_

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

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

### Emergency Contact Details (Next of Kin):

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

Telephone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell Phone) \_\_\_\_\_

### 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 whatsoever. 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: \_\_\_\_\_

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### **Full details of person or business responsible for fees – ONLY IF NOT THE LEARNER.**

If responsible person or business to be invoiced instead of Learner – please tick: 

YES	NO
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Business or Person Name (Responsible for fees): \_\_\_\_\_

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

ID or Passport Number: 

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Company Registration: \_\_\_\_\_

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

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

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

Telephone Number (Home) \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell Phone): \_\_\_\_\_

E mail Address: \_\_\_\_\_

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