

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: **Healthy Development Practitioner 6 – 12 Years.**

Course Duration: **Must be completed within a year.**

Learner Information:

Surname (as on ID Document): _____ Known name: _____

Names: _____

Health Problems: _____

ID Number or Passport Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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: _____

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
-----	----

Business or Person Name (Responsible for fees): _____

Contact Person: Surname: _____ Name: _____

ID or Passport Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Company Registration: _____

Address: _____

_____ Postal Code: _____

Postal Address: _____ Postal Code: _____

Telephone Number (Home) _____ (Work): _____ (Cell Phone): _____

E mail Address: _____

Signature: _____ Date: _____