

**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: Early Childhood Development Skills Programme Level 1 & 2.

Course Duration: 18 Contact sessions Saturday afternoons 12:30pm to 15:30pm Starting Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

**Learner Information:**

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

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

Health Problems: \_\_\_\_\_ Medical Aid: Yes  No:

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: \_\_\_\_\_

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

YES	NO
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If responsible person or business to be invoiced instead of Learner – please tick:

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): \_\_\_\_\_

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

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