

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: Basic Child Care (BCC) Module 1 Fulltime Part-time Special Deal

Course Duration: FT: 6 months Mon-Fri (09h00 – 12h00)

Starting Date: ____/____/20__

PT: 12 months Sat (09h00 – 12h00) (12h30 – 15h30)

Starting Date: ____/____/20__

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: _____