

**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: **ECD MANAGEMENT COURSE**

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

**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: \_\_\_\_\_

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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 

Y E	N O
S	S

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

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

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