

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: **Basic Childcare: Module 1 NQF Level 4** **Pre School: Module 2 NQF Level 4** **SPECIAL DEAL:**

Duration: **Part Time: 1 Year** **Full Time: 6 Months** Starting Date: _____ / _____ / 20_____

Learner Information:

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

Names: _____ Race: _____

Health Problems: _____ Medical Aid: Yes No: D.O.B: _____

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 of fees should I not complete the course for any reason.
I acknowledge that I am responsible for the full course fee amount should I not complete the course.
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: _____