

# **APPLICATION FORM**

# 2019

TITLE	SURNAME	INITIALS	DATE OF BIRTH							
		•								
PROPOSED PROGRAMME OF STUDY:										
	·									
APPLICATION FOR ADMISSION FOR THE YEAR:										

## **R300 APPLICATION FEE TO ACCOMPANY YOUR APPLICATION**

## Send completed application with supporting documents to:

- (L) +27 61 382 4245
- **(a)** +27 86 272 6921
- info@ithembaelihleinstitute.co.za
- (P) Unit 0002 | Du Proes | No.79 Du Toit Street Pretoria | 0002
- (f) (in) (g) (G) (iii) www.ithembaelihleinstitute.co.za







# A. APPLICATION

# A. 1. APPLICANT'S BIOGRAPHICAL PARTICULARS

Surname		Pı	revious Surname (if applicable):										
First name and mid	ldle names:												
Identity number:		lternate ID; Passport no; Refugee no; none											
Date of Birth (YY/M	1M/DD): Religio	n:											
Title:	Marital Status:	Home Language:	Citizenship:										
□ Mr	□ Unmarried	☐ Afrikaans	□ SA □ Dual □ Other										
☐ Miss	☐ Married	☐ English	☐ Permanent Residence ☐ Unknown										
☐ Mrs	☐ Other	□ isiNdebele	Specify (if 'other'):										
□ Dr		□ isiXhosa	Permit number (if foreign):										
☐ Other	Equity Status	□ isiZulu											
	(DHET stats only):	□ sePedi	Permit expiry date:										
	☐ Asian	□ seSotho	Type of Permit:										
_	☐ Black: African	□ seTswana	☐ Study Permit										
Gender:	☐ Black: Coloured	□ siSwati	☐ Residence Permit										
☐ Male	☐ Black: Indian	□ tschiVenda	☐ Other (specify below)										
☐ Female	☐ White	☐ Other	□ Other										
☐ Other													
Residential addres	s: Between address lines,	leave comma only e.g. 1	1 LANSDOWNE ROAD, CLAREMONT:										
			Postal Code:										
Postal address: (co	omplete only if different fro	om residential address):											
			Postal Code:										
Fo	rwarding Address For Acco	ount:  Reside	ntial Address:  Postal:	Other:									
If 'other.' fill in the	relevant address below:												
			Postal Code:										
Applicant's telepho	ne number, office hours:												
Applicant's telepho	ne number, after hours:												
Cell number:													
Email address:													
= = = =													



Number of siblings of applicant							
Does or did at least one of your parents	s have:						
A university qualification	Yes	ı	Vo		I do no	t know	
A technikon degree or diploma	Yes	ľ	No		I do no	t know	
Dogo or did your family receive a shild	Louinnaut avant on va	العمام ما س	Yes	No		do not kno	1
Does or did your family receive a child Does or did your family rely on a socio			Yes	No		do not kno	
	-						
<ul><li>□ *Sponsor(s) eg. parent, organisation</li><li>□ Savings</li><li>□ Church</li></ul>	tetter uttueneu.	□ Yes □ N	O				
□ Student Loan							
☐ Credit Card							
□ Debit Order							
☐ Other (Specify in box)							
Debit Order Details							
Account Details:							
Bank Name:			Branch Code:				
Account			Account No:				

Account No:

рm

Initials:

Signature

Title:

\*If sponsored, please include a letter by your sponsor, stating the amount and regularity of the sponsorship.

## Complete this section only if you are not paying for your studies yourself: Sponsor's surname:

Cheque Account

Signature

Ac	Address:																									
									Pos	stal:	•				Но	me t	telep	hon	e no	:					y	
En	Email address of Sponsor:																									

Client: Name

Monthly Debit R

Savings Account

The total monthly amount will be debited

Name:

commencing on

Completed By: Name

A. 2. APPLICANT'S FAMILY INFORMATION

- Foreign students are required to pay 60% of the annual tuition fee upfront.
- Please see the Sponsorship Letter Template on page 5 of the application form.



# C. PRIOR STUDIES Give details of your previous studies below: Period Qualification Study Name of From Name of university/college etc. Complete Attached degree/diploma/certificate (yes/no) (yes/no) Year Year N.B. Applicants who have studied at other tertiary institutions must attach full academic reports and Certificates of Conduct from those institutions, otherwise their applications cannot be considered. D. PERMANENT RESIDENTIAL ADDRESS OF NEXT OF KIN\FRIEND (in case of emergency) Title, initials and surname: Residential address: Home telephone no: Postal: **E. GENERAL INFORMATION** E. 1. MEDICAL Are you in a good state of physical health? If not, or if you are under a doctor's care or are receiving ☐ Yes ☐ No medication, PLEASE ATTACH SEPARATE STATEMENT FURNISHING DETAILS. Do you have any physical or psychological impairments or handicaps which may affect ability to ☐ Yes ☐ No complete your studies? PLEASE ATTACH SEPARATE STATEMENT E. 2. EMPLOYMENT List in chronological order any position of employment you have held: Date position held Type of work **Employer** Will you be studying while you work? ☐ Yes ☐ No F. STATISTICAL INFORMATION How did you find out about Us? Please tick $\sqrt{\ }$ the appropriate box below: Current Ithemba Elihle Student Past Ithemba Elihle Student Ithemba Elihle Staff Member Ithemba Elihle Presentation

Ithemba Elihle Advert (radio)

Social Media (Facebook, Twitter, etc.)

Ithemba Elihle Flyer / Poster

Internet (google search)



#### G. AGREEMENT

### **DECLARATION BY APPLICANT (or PARENT/GUARDIAN)**

(If applicant is under the age of 18, a parent or guardian would need to sign)

#### I hereby declare

- 1. that the particulars furnished by me in this application form are true and correct;
- 2. that I fully understand that Ithemba Elihle is entitled to cancel my registration immediately, should it become apparent that any of the particulars furnished in this application form are untrue or incorrect;
- 3. that I undertake not to bring any claim, of whatever kind against Ithemba Elihle or any employee of Ithemba Elihle nor in any way whatever to hold Ithemba Elihle liable for any damage or loss whatever which I may incur or suffer personally or in property of mine and which directly or indirectly arises from my participation during my period of study at Ithemba Elihle in any activity, of whatever kind, having to do with my studies or training or with sport or recreation of whatever kind, however such damage or loss may come about, and that I will take responsibility for participation in any Institute activity and will accept the risk attached thereto;
- 4. that I authorise Ithemba Elihle in the event of my requiring urgent medical treatment to get appropriate medical assistance and that I accept responsibility for the payment of the costs thus incurred;
- 5. that I undertake to pay punctually all such registration, tuition, and other fees as Ithemba Elihle may from time to time charge during the years for which I register as a student of Ithemba Elihle
- 6. that I furthermore undertake to cover all legal costs incurred by Ithemba Elihle in the event of my failure to discharge any duty relating to the payment mentioned in (5) above.
- 7. I have read and agree to adhere to the Ithemba Elihle vision, values and student conduct as specified in the Student Handbook on the Ithemba Elihle website
- 8. Ithemba Elihle may report to my parents or legal guardian and/or the person responsible for fee payment details of my academic progress.
- 9. I accept that I am responsible for updating my personal details and will notify Ithemba Elihle of any changes.
- 10. I accept, agree and understand that Ithemba Elihle may keep and process data and documents in electronic format, including data supplied by me in this application form;
- 11. Ithemba Elihle may use and transfer such data and use such documents in electronic or other formats for Ithemba Elihle purposes including submission of data for the National Learner Record Database as required by the Department of Higher Education and Training; Ithemba Elihle may use and transfer images of the student (on campus or during Work Integrated Learning off campus) in electronic or other formats for Ithemba Elihle marketing purposes.
- 12. Ithemba Elihle has the right to cancel a programme, without prior warning, if circumstances arise that prevent the institution from offering that programme. If the student has registered and paid for the programme, he/she will receive a full refund.

Signature of applicant (or parent or guardian):	Date:	
H. SPONSORSHIP LETTER TEMPLATE		

To whom it may concern

I, (<u>sponsor name</u>) will be providing (<u>applicant name</u>) with full financial support during his/her course of studies at Cornerstone Institute. I understand the cost of attending the program at Ithemba Elihle Institute. I have adequate funds to support (<u>applicant name</u>) in his/her tertiary education. I have enclosed relevant financial documents to verify my financial standing.

Sincerely,

(Sponsor Name)

DD/MM/YYYY

(Sponsor Signature)



## PLEASE COMPLETE CHECKLIST (SECTION I) BEFORE SUBMITTING THIS APPLICATION FORM.

#### I. ESSENTIAL INFORMATION REGARDING THE APPLICATION FOR ADMISSION

#### 1. Accuracy and completeness of the information furnished

**Ithemba Elihle** accepts no responsibility for the delay in processing an application either because the information furnished in the application is faulty or because information asked for in the application form has been left out. Therefore, please make sure that the application information is accurate and complete.

#### 2. Application fee

Proof of payment of R300 (three hundred South African rand) must be submitted with the completed form. This fee is non-refundable.

#### 3. Closing dates

Applications for admission as a student must be submitted and completed on or before the allocated closing date for the **Current Intake**. Applications submitted and completed after the late application closing date cannot be considered. Closing dates can be viewed on our website.

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+.	Supp	orting	documents	S

Without the appropriate supporting documents, specified below, your application cannot be accepted for consideration:

Application form Fully Completed	
Digital Photograph (ID type photo)	
Photocopies of your academic records – that is, of official statement(s) of your subjects taken and your marks/credits obtained – and your certificate(s) of conduct	
Copy of RSA ID (or passport for non-South African citizens)	
R 300 application fee	

5. In all cases, a complete and formally correct application will be considered and the applicant will be notified of the outcome. In some cases *Ithemba Elihle* may however find it necessary to obtain additional information from his/her referee, and/or by interviewing the applicant. The submission to this office of a completed application form does not imply, therefore, either that the applicant has been accepted as a student or that the applicant may register as a student.

The application documents must be emailed to: <u>info@ithembaelihleinstitute.co.za</u>

**BANKING DETAILS:** 

ACCOUNT NAME: ITHEMBA ELIHLE INSTITUTE

BANK: FNB
BRANCH NUMBER: 2301455
ACCOUNT NUMBER: 62634759429

REFERENCE: STUDENT ID NUMBER /STUDENT NAME