

APPLICATION FOR ADMISSION: SOCIAL AUXILLARY WORK

SECTION 1: PERSONAL DETAILS

Title	Mr <input style="width: 50px;" type="text"/>	Mrs <input style="width: 50px;" type="text"/>	Ms <input style="width: 50px;" type="text"/>	Other <input style="width: 50px;" type="text"/>													
Surname	<input style="width: 90%; height: 20px;" type="text"/>			Initials <input style="width: 50px;" type="text"/>													
Full names	<input style="width: 98%; height: 20px;" type="text"/>																
ID Number	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"><input style="width: 90%; height: 90%;" type="text"/></td> <td style="width: 20px; height: 20px;"><input style="width: 90%; height: 90%;" type="text"/></td> <td style="width: 20px; height: 20px;"><input style="width: 90%; height: 90%;" type="text"/></td> <td style="width: 20px; height: 20px;"><input style="width: 90%; height: 90%;" type="text"/></td> <td style="width: 20px; height: 20px;"><input style="width: 90%; height: 90%;" type="text"/></td> <td style="width: 20px; height: 20px;"><input style="width: 90%; height: 90%;" type="text"/></td> <td style="width: 20px; height: 20px;"><input style="width: 90%; height: 90%;" type="text"/></td> <td style="width: 20px; height: 20px;"><input style="width: 90%; height: 90%;" type="text"/></td> <td style="width: 20px; height: 20px;"><input style="width: 90%; height: 90%;" type="text"/></td> <td style="width: 20px; height: 20px;"><input style="width: 90%; height: 90%;" type="text"/></td> <td style="width: 20px; height: 20px;"><input style="width: 90%; height: 90%;" type="text"/></td> <td style="width: 20px; height: 20px;"><input style="width: 90%; height: 90%;" type="text"/></td> <td style="width: 20px; height: 20px;"><input style="width: 90%; height: 90%;" type="text"/></td> </tr> </table>				<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>
<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>	<input style="width: 90%; height: 90%;" type="text"/>					
Highest Qualification <i>Please attach originally certified copies of your highest qualification achieved</i>	<input style="width: 98%; height: 50px;" type="text"/>																
Race	African <input style="width: 40px;" type="text"/>	White <input style="width: 40px;" type="text"/>	Coloured <input style="width: 40px;" type="text"/>	Indian <input style="width: 40px;" type="text"/>	Other <input style="width: 40px;" type="text"/>												
<i>(Please note that this information is required on the NLRD (National Learner Record Database))</i>																	
Gender	Male <input style="width: 40px;" type="text"/>	Female <input style="width: 40px;" type="text"/>															
Marital Status	Single <input style="width: 40px;" type="text"/>	Married <input style="width: 40px;" type="text"/>	Divorced <input style="width: 40px;" type="text"/>	Widowed <input style="width: 40px;" type="text"/>													
Home Language	<input style="width: 98%; height: 20px;" type="text"/>																
<i>Language Codes: Eng – English; Afr – Afrikaans; Sep – sePedi; Ses – seSotho; Set – seTswana; Swa – siSwati; Tsh – tshiVenda; Xho – isiXhosa; Xit – xiTsonga; Zul – isiZulu; Nde – isiNdebele; Oth – Other</i>																	
First Language	<input style="width: 98%; height: 20px;" type="text"/>																
Second Language	<input style="width: 98%; height: 20px;" type="text"/>																
Third Language	<input style="width: 98%; height: 20px;" type="text"/>																
Nationality	SA <input style="width: 40px;" type="text"/>	Other <input style="width: 40px;" type="text"/>															
Date of birth	D	D	M	M	Y	Y	Y	Y									

SECTION 2: WORKPLACE DETAILS

MENTOR	
Name of Organization	<input style="width: 98%; height: 20px;" type="text"/>
Registration Nr of Organization	<input style="width: 98%; height: 20px;" type="text"/>
Contact Person	<input style="width: 98%; height: 20px;" type="text"/>
Contact Number	<input style="width: 98%; height: 20px;" type="text"/>
Confirmation Letter attached	Yes <input style="width: 40px;" type="text"/> No <input style="width: 40px;" type="text"/>
MENTOR	
Name of Mentor	<input style="width: 98%; height: 20px;" type="text"/>
Contact Number	<input style="width: 98%; height: 20px;" type="text"/>
Confirmation Letter attached	Yes <input style="width: 40px;" type="text"/> No <input style="width: 40px;" type="text"/>
Originally certified copy of Social Worker Registration Document - current	

SECTION 3: APPLICANT'S COMMUNICATION DETAIL

Work Number	Code <input style="width: 100%;" type="text"/>
Home Number	Code <input style="width: 100%;" type="text"/>
Cell-phone Number	Number <input style="width: 100%;" type="text"/>
Fax Number	Code <input style="width: 100%;" type="text"/>
Postal Address for correspondence	Suburb <input style="width: 100%;" type="text"/>
	City <input style="width: 100%;" type="text"/>
	Postal code <input style="width: 100%;" type="text"/>
Country	SA <input style="width: 50px;" type="text"/> Other <input style="width: 50px;" type="text"/>
May we send your important information via	Air Mail <input style="width: 50px;" type="text"/> E-mail <input style="width: 50px;" type="text"/> SMS <input style="width: 50px;" type="text"/>
Residential / Physical Address	Suburb <input style="width: 100%;" type="text"/>
	City <input style="width: 100%;" type="text"/>
	Postal code <input style="width: 100%;" type="text"/>
Country	SA <input style="width: 50px;" type="text"/> Other <input style="width: 50px;" type="text"/>

SECTION 4: ADDITIONAL INFORMA

HEALTH STATEMENT	
Do you have any disabilities?	Yes <input style="width: 50px;" type="text"/> No <input style="width: 50px;" type="text"/>
If yes, specify	<input style="width: 100%; height: 40px;" type="text"/>
Do you have special needs regarding the disability?	Yes <input style="width: 50px;" type="text"/> No <input style="width: 50px;" type="text"/>
If yes, specify	<input style="width: 100%; height: 40px;" type="text"/>
How do you plan to pay your studies?	Parents will pay <input style="width: 50px;" type="text"/>
	Private loan (eg. Bank individual) <input style="width: 50px;" type="text"/>
	Bursary/loan from the state <input style="width: 50px;" type="text"/>
	Bursary from private person/company <input style="width: 50px;" type="text"/>
	Income from temporary employment <input style="width: 50px;" type="text"/>
	Self <input style="width: 50px;" type="text"/>

ACCOUNT DETAILS MUST BE SEND TO

Title	Mr <input style="width: 50px;" type="text"/> Mrs <input style="width: 50px;" type="text"/> Ms <input style="width: 50px;" type="text"/> Other <input style="width: 50px;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>
Address where account must be send to	Suburb <input style="width: 100%;" type="text"/>
	City <input style="width: 100%;" type="text"/>
	Postal code <input style="width: 100%;" type="text"/>
Contact Person	Tel Nr <input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>

SECTION 5: ELECTRONIC / BANK DEPOSITO'S

R120,00 - Non-refundable application fee payable into the following account

Name of Bank	Standard Bank
Name of Branch	Tyger Manor, Bellville
Branch Code	050410
Account Name	Continuing Education of Huguenot College
Account Number	083048030
Account Type	Current account
Reference Number	Please use your ID number as your reference number
Proof of Deposit	Please fax to: (021) 873-6251 or fax to e-mail: 086 577 1457

SECTION 6: REFERRALS

Please supply information of two persons who can act as a referral (eg. Pastoral leader, School principal/teacher, employer etc.) Relatives do not qualify as references

REFERRAL 1

Title	Mr <input style="width: 50px;" type="text"/>	Mrs <input style="width: 50px;" type="text"/>	Ms <input style="width: 50px;" type="text"/>	Other <input style="width: 50px;" type="text"/>
Surname	<input style="width: 90%; height: 20px;" type="text"/>			Initials <input style="width: 50px; height: 20px;" type="text"/>
Residential Address	<input style="width: 98%; height: 20px;" type="text"/>			
	<input style="width: 95%; height: 20px;" type="text"/>			Suburb
	<input style="width: 50%; height: 20px;" type="text"/>		<input style="width: 50%; height: 20px;" type="text"/>	
Contact details of this person	Work	Code	Number	
	Home	Code	Number	
	Cell phone <input style="width: 90%; height: 20px;" type="text"/>			
Your relation to person	<input style="width: 98%; height: 20px;" type="text"/>			

REFERRAL 2

Title	Mr <input style="width: 50px;" type="text"/>	Mrs <input style="width: 50px;" type="text"/>	Ms <input style="width: 50px;" type="text"/>	Other <input style="width: 50px;" type="text"/>
Surname	<input style="width: 90%; height: 20px;" type="text"/>			Initials <input style="width: 50px; height: 20px;" type="text"/>
Residential Address	<input style="width: 98%; height: 20px;" type="text"/>			
	<input style="width: 95%; height: 20px;" type="text"/>			Suburb
	<input style="width: 50%; height: 20px;" type="text"/>		<input style="width: 50%; height: 20px;" type="text"/>	
Contact details of this person	Work	Code	Number	
	Home	Code	Number	
	Cell phone <input style="width: 90%; height: 20px;" type="text"/>			
Your relation to person	<input style="width: 98%; height: 20px;" type="text"/>			

NOTE:

All applications to be posted to:

Mrs Antoinette van Wyk, Administrative Manager, CEFA, P.O. Box 16, Wellington, 7654

SECTION 7: AGREEMENT

UNDERTAKING BY STUDENT

I, the undersigned, declare

- (i) That the information provided by me in this application form is true and correct;
- (ii) that I, together with my parent or guardian, will jointly and severally be responsible for the punctual payment of moneys due by virtue of my agreement with CEFA and as determined by the Management from time to time;
- (iii) that I further undertake to pay all legal expenses of CEFA, should I fail to meet any obligations in respect of the payments mentioned above;
- (iv) that I have acquainted myself, and will in future acquaint myself with the content of the rules and regulations of CEFA as determined from time to time by CEFA;
- (v) that I hereby indemnify CEFA against any claims arising from injuries that I may sustain and/or damage that I may suffer due to any event, injury, illness or death, resulting in whatever way, or consequential to my involvement with my practical training or my participation in any tours, excursions of transportation during my period of study at CEFA; and that I participate in any of the abovementioned activities on my own responsibility and voluntarily accept the risk involved.

Signature of applicant

Date

UNDERTAKING BY PARENT OR GUARDIAN (If the student is under age / sponsored by a company)

(This section must be completed by the parent,
guardian or sponsor of the student who applies for admission to CEFA).

I, the undersigned, declare

- (i) that I have acquainted myself with, and agree to, the declaration by my child above and that the particulars provided by him/her in this application form are true and correct;
- (ii) that I hereby accept joint and several responsibility with my child for the payment of all moneys mentioned above that may become due to CEFA during the total duration of his/her study at CEFA including study after attainment of majority and undertake to pay it punctually.

Signature of parent or guardian

Date

Capacity
(father/mother/guardian/nearest relative/sponsor)

ID Number of parent/guardian