



Western Cape
Government

Agriculture



Application for admission

Higher Certificate in Agriculture

Head: Student Affairs
Elsenburg Agricultural Training Institute
PO Box 54
ELSENBURG
7607
Tel: +27 21 808 5451 Fax: +27 21 884 4319
www.elsenburg.com

FOR OFFICE USE ONLY

Student number

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Receipt number

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Sub-Programme: Higher Education & Training

Elsenburg Agricultural Training Institute

Address to which official correspondence should be sent: Residential Postal Other

If "other", fill in the appropriate address:

																				Postal code		
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Applicant's telephone number during normal office hours:

Dialling code				Number			

Applicant's telephone number after hours:

Dialling code				Number			

Cell phone number:

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Fax number:

Dialling code				Number			

E-mail address:

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B. PARTICULARS OF NEAREST RELATIVE/GUARDIAN

Kinship with applicant

<input type="checkbox"/>	Father																				
<input type="checkbox"/>	Mother																				
<input type="checkbox"/>	Guardian																				
<input type="checkbox"/>	Other (specify)																				
<table border="1"> <tr> <td colspan="20"></td> </tr> </table>																					

Person's title

<input type="checkbox"/>	Mr																				
<input type="checkbox"/>	Mrs																				
<input type="checkbox"/>	Miss																				
<input type="checkbox"/>	Other (specify)																				
<table border="1"> <tr> <td colspan="20"></td> </tr> </table>																					

Surname:

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Initials:

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Residential / Postal address:

																				Postal code			Home telephone no:				
																				Dialling code and number							

Employer's address:

																				Postal code			Home telephone no:				
																				Dialling code and number							

C. PRELIMINARY REPORT REGARDING PROSPECTIVE STUDENT

C.1 Instructions:

- 1 This report must be completed by present matriculants themselves, as well as those who have already matriculated.
- 2 Persons who have studied at other colleges or universities, need not complete the school subject particulars, but must attach a copy of their school-leaving certificate to the application form before returning it. It is essential that the school name and matric year be indicated.
- 3 Present scholars must attach their original Grade 11 report / a certified copy as well as a certified copy of their ID document.
- 4 Persons who have completed their studies must attach a certified copy of their school-leaving certificate to the completed report form.

C.2 School record

Name of school:

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School's address:

																				Postal code		
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School's telephone no

Dialling code				Number			

Year in which senior certificate has been/will be obtained:

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Matric exemption:

Yes

No

School subjects (Languages: Please indicate whether first or second language)

Year	School subject name	Standard HG/SG	Present scholar: Mark end Grade 11			Scholar who has completed studies	
			Actual mark		Total	Symbol	Office use
				Out of			
				Out of			
				Out of			
				Out of			
				Out of			
				Out of			
				Out of			
Total / average symbol				Out of			

Statement:

I/We hereby state that the marks and/or symbols provided on this report form are correct.

.....
Applicant

.....
Principal (Only applicable to matriculants)

.....
Date

Please note:

- 1 The information on this page must, in the case of scholars, be checked and/or furnished by the Principal.
- 2 Should you, on the strength of inter alia the above statement, be provisionally informed that your admission as a student would be in order, it would be done in good faith and on the distinct understanding that ultimately you will have to meet all the requirements set by the Institute for admission and registration before your admission can be finally approved.
- 3 Documents as prescribed in B.1 above must be attached.

School stamp

D. ACTIVITIES AFTER THE SCHOOL YEARS

Give full particulars of each year after matric before enrolment at Elsenburg (academic and non-academic)

Period				Name of University/Technicon/College, etc. Or non-academic activity, e.g. work, overseas, etc.	Name of degree / diploma / certificate / farm	Study completed Yes / No	Student Number
From		To					
Month	Year	Month	Year				

Please note: Prospective students who studied / have previously worked, must attach comprehensive study/work reports and certificates of conduct from the Institution involved, otherwise their applications cannot be considered.

E. ACCOMMODATION

Do you require accommodation in an Elsenburg hostel? Yes No

F. MEDICAL PARTICULARS

Do you suffer from any of the following? (information required for the benefit of disadvantaged persons.)

<input type="checkbox"/> Bad eyesight	<input type="checkbox"/> Cerebral palsy	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Deafness	<input type="checkbox"/> Speech defect	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Do you make use of a wheelchair? Yes No

G. AGREEMENT

Undertaking by applicant:

I hereby state / Undertake

- (a) that the information furnished by me in this application form is true and correct;
- (b) that I understand that the Institute is entitled to cancel my enrolment if it should appear that the particulars furnished in this application form are incorrect in any respect;
- (c) that I have acquainted myself as to, and in future will keep myself acquainted with regard to the contents of the Institute's regulations and rules as approved from time to time by the Departmental Head or by any other authorised body or person attached to the Institute;
- (d) that I commit myself to comply with all the regulations mentioned in (c) above during all my study years, as well as the amendments or substitutions thereof;
- (e) that I agree not in any manner to bring any action whatsoever against the Institute or any one of its employees, and not to hold the Institute responsible for any damage or loss which I personally, or as far as any of my possessions are concerned, may suffer and which directly or indirectly may result from my participation during my study years at the Institute in any activity of whatever nature, which may be related to my study or training, or sport or recreation of whatever nature, irrespective of the manner in which such damage or loss may occur, and that I will participate in any of the mentioned activities at my own risk and accept the risk attached to it voluntarily;
- (f) that I authorise the Institute, should I require urgent medical treatment, to obtain suitable medical assistance, and I accept the responsibility for payment of the costs so incurred;
- (g) That I commit myself to the prompt payment of all study, tuition, accommodation and other fees raised from time to time by the Institute during my period of study;
- (h) to pay all the Institute's legal costs if I should fail to meet any of my financial obligations mentioned in (g);
- (i) to pay all study fees upon registration. Postponement for a maximum of 30 days may be allowed, after which time interest at current government rates will be raised on all outstanding amounts;
- (j) I HEREBY CONSENT TO THE PROCESSING OF THE PERSONAL INFORMATION AND SPECIAL PERSONAL INFORMATION IN THE CASE OF A MINOR PROVIDED IN THIS DOCUMENT FOR THE PURPOSES OF AN APPLICATION FOR ADMISSION TO STUDY AT THE WESTERN CAPE GOVERNMENT'S ELSENBURG AGRICULTURAL TRAINING INSTITUTE.

Applicant's signature:

Date:

Undertaking by parent or guardian:

(This portion must be completed by the parent or guardian of a minor applying for admission to the Institute)

I hereby state

- (a) that I have acquainted myself as to, and consent to the undertaking above, and state that the particulars given by him/her on this application form are true and correct;
- (b) that I in particular agree that my child/ward under age bind himself/herself to comply during all his/her study years with the regulations and rules of the Institute as approved from time to time by the Departmental Head or any other authorised body or person attached to the Institute;
- (c) that I hereby jointly and separately with my child under age accept responsibility for the payment of all fees mentioned in (g), (h) and (i) above which he/she might owe to the Insitute during his/her total period of study at the Institute (including study after attaining his/her majority), and agree to pay it promptly;
- (d) that I agree not in any manner to bring any action whatsoever against the Institute or any one of its employees, and not to hold the Institute responsible for any damage or loss which I personally, or as far as any of my possessions are concerned, may suffer and which directly or indirectly may result from my child's participation during his/her study years at the Institute in any activity of whatever nature, which may be related to his/her study or training, or sport or recreation of whatever nature, irrespective of the manner in which such damage or loss may occur, and that he/she will participate in any of the mentioned activities on his/her own risk and accept the risk attached to it voluntarily, and I further undertake to indemnify the Insitute and any employee of the Insitute if my child under age, with my assistance, cannot sufficiently in law secure the Insitute against liability as explained above.
- (e) I HEREBY CONSENT TO THE PROCESSING OF THE PERSONAL INFORMATION AND SPECIAL PERSONAL INFORMATION OF MY MINOR CHILD PROVIDED IN THIS DOCUMENT FOR THE PURPOSES OF AN APPLICATION FOR ADMISSION TO STUDY AT THE WESTERN CAPE GOVERNMENT'S ELSENBURG AGRICULTURAL TRAINING INSTITUTE.

.....
Parent's/Guardian's signature

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Capacity (father/mother/guardian)

.....
Date