Western Cape Government
Agriculture

Horse Riding Instructor's programme

Postal address:
Elsenburg Agricultural Training Institute
PO Box 54
ELSENBURG
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Tel: 021 808 5451 Fax: 021 884 4319

www.elsenburg.com

Sub-Programme: Higher Education & Training

Elsenburg Agricultural Training Institute

(For office use)

TITLE	SURNAME	INITIALS	DATE OF BIRTH (DD/MM/YYYY)

FOR OFFICE USE ONLY

RECEIPT NO.

RECEIVED

COURSE APPROVED

(To exercise any option, write an 'X' in the appropriate box.)

A. APPLICATION FOR ADMISSION

A.1 The year in which you wish to commence your studies at Elsenburg?

A.2 Personal Information

Surname: Initials:

First names:

Have you been registered at Elsenburg before? Yes No If so, please state student number:

Identity no: First year of registration: (e.g.) 1990

Date of birth: d d m m y y Maiden name:

Title:

	10	Mr
	19	Miss
	31	Mrs
	13	Dr
		Other (Specify)

Marital Status:

	1	Unmarried
	2	Married
		Other (specify)

Population Group:

	7	Asiatic
	42	European
	34	Coloured
	19	N-Sotho
	18	S-Sotho
	23	Tswana
	20	Xhosa
	21	Zulu
		Other (specify)

Religion (specify):

Citizenship:

	100	South-African			Other (Specify)

Home Language:

	11	Afrikaans
	12	English
		Other (specify)

If foreign, please specify:

	1	Study permit
	2	Residence permit
		Other (specify)

Permit number:

Permit expiry date: d d m m y y

Gender:

	M	Male
	F	Female

Residential address: between address lines, leave a comma only e.g. 101 CAMPUS FLATS, MAY STREET, STELLENBOSCH.

Postal code:

Postal address: Fill in only if different from residential address

Postal code:

Forwarding address for account:
If 'other', fill in the relevant address below.

Residential address Postal address Other

Postal code:

B. PRELIMINARY REPORT BY PROSPECTIVE STUDENT

B.1 Instruction

(a) This report must be completed by all applicants personally.
(b) Applicants who have not yet matriculated must furnish, together with their completed report form, their original grade 11 report or a copy of it. Moreover, the marks and/or symbols filled in by such a matriculation candidate must be checked and confirmed by his/her school. See 'B.3 Certification' below.
(c) Applicants who are studying or have studied at a tertiary institution need to fill in the details of their school subjects and attach to their completed report from, a copy of their school-leaving certificate.

B.2 School Record:

For office use

Name of school:

Addres of school:

Matric year: Matric exam no: (if not known, forward when available) Telephone no. of school

School subjects: **(For languages, please state whether 1st or 2nd language)**

Year	Month	Office Use	School subject	Standard (HG or SG)	Present pupil: marks end of grade 11			If matriculated already	
					Actual mark		Total	Symbol	Office Use
						Out of			
						Out of			
						Out of			
						Out of			
						Out of			
						Out of			
						Out of			
						Out of			
			Total / Aggregate symbol			Out of			

Examining authority:

	21	Western Cape
	24	Northern Cape
	25	Gauteng
		Other (Specify)

Type of exemption: (Only if matriculated already)

	2	Complete exemption
	7	Conditional exemption on account of age
	8	Grade 12 without exemption
		Other (Specify)

To reflect important activities in which you are (have been) involved while at school, underline and/or add the appropriate items below:

(a) Societies: Pupil's Council, SCA, Debating Society, Boy Scouts, Girl Guides, Landsdiens, Other (Specify)

(b) Sport: Rugby, Tennis, Hockey, Netball, Cricket, Athletics, Swimming, Soccer, Other (Specify)

(c) Any other important activities (specify)
Any leadership roles and/or top performances of yours in these activities (e.g. head girl/boy, prefect, cricket captain)

If you have written any supplementary school subject(s) since matric or intend to do so, state the subject(s) and the name(s) of the centre(s) below:

Year	Office Use	Subjects	Standard (HG/SG)	Exam no.	Marks received	Marks Total	%	Symb	Centre	Office use only	
										School	E.O.

B.3 Certification

This is to certify that the marks and/or symbols furnished in this report form are correct,

Signed: Applicant

Signed: Principal
(only for matriculation candidates)

Date d d m m y y

School stamp

NB:
(a) The information on this page, in case of current learners, must be certified and/or completed by the school.
(b) If, on the grounds of inter alia the certification in 3 above, the University notifies you of your provisional admission as a student, it will be acting in good faith and on the express understanding that, for your admission to be finally approved, you must first meet the University's admission requirements in full.
(c) Documents as prescribed in B.1 above, must be attached.

C. ACTIVITIES SINCE MATRIC

Number of times previously registered at a university:

	First
	Twice or more

Main involvement during the year preceding your proposed studies at Elsenburg:

	1	School		4	University		7	Technical College
	2	National Service		5	Technikon			Other (specify)
	3	Work		6	College of education			

Give details of your activities after school-leaving with regard to each year before registration at Elsenburg.

Full details of each year after matric (academic and non-academic)

Period				Name of University/Technicon/College, etc. or non-academic activity pursued, e.g. employment, travel abroad, national service, etc.	Name of degree/dipl/cert.	Study Completed (Yes or No)	Student Number
From		To					
Year	Mth	Year	Mth				

LW.: **applicants who have studied at other tertiary institutions, must attach a full academic reports and certificates of conduct from those institutions; otherwise their applications cannot be considered.**

D. PARTICULARS OF PARENT/GUARDIAN

Relationship to applicant:

	1	Father
	2	Mother
	3	Guardian

Title of parent/guardian

	10	Mr
		onther (specify)

Accounts to go to:

	1	Father		4	Applicant
	2	Mother		5	Other
	3	Guardian			

Parent's/Guardian's surname: Initials: Date of birth: d d m m y y

Is father a former student? Yes No Is mother a former student? Yes No

If known, state father's student no: If known, state mother's student no:

Father's ID Number: Mother's ID Number:

Mother's maiden name Mother's initials

Postal address: Between two address lines, leave a comma only, e.g. 101 CAMPUS FLATS, MAY STREET, DALSIG, STELLENBOSCH

Postal code: Home tel.:

Dailling code Number

Work address:

Postal code: Work tel.:

Dialing code Number

Employer: Occupation:

Fax number: Cell phone no.:

Dialing code Number Number

E-mail address:

E. ADDITIONAL INFORMATION

E.1 Disabilities

Do you have any of the disabilities referred to below?

	1	Blindness		3	Cerebral palsy			Other (specify)
	2	Deafness		4	Speech impediment			

Do you make use of a wheelchair? ☐ Yes ☐ No

(Elsenburg needs this information to provide assistance, wherever possible, for student with disabilities).

E.2 Particulars of working applicant:

Occupation:

Employer:

Telephone numbers of applicant:

Office hours: Dialing code Number

After hours: Dialing code Number

Fax no: Dialing code Number

Cell phone no: Number

E-mail address:

Passport number:

Permit expiry date: d d m m y y

F. PARTICULARS OF APPLICATION FOR ACCOMMODATION

F.1 **Please note:** For applications for accommodation in residences for a specific year, the closing date is **30 June** of the preceding year.

F.2 **Do you require accommodation at Elsenburg?** ☐ Yes ☐ No

G. MEDICAL PARTICULARS

I have medical aid:

Medical Aid ☐ Medical Plan ☐ None ☐

Name of fund/plan: Number

Name of principal member:

Address of medical aid:

H. AGREEMENT

H.1 Declaration by applicant

I hereby declare:

(a) that the particulars furnished by me above in this application form are true and correct;
(b) that i fully understand that Elsenburg is entitled to cancel my immediately, should it become apparent that any of the particulars furnished above in this application form is/are untrue or incorrect;
(c) that I have acquainted myself, and in the future will keep myself acquainted with the contents of Elsenburg's rules and regulations as formulated from time to time by the management of Elsenburg or by any other competent body or person attached to the institution;
(d) that I undertake throughout all the years for which I register as a student of elsenburg to abide by all the rules and regulations referred to in (c) above, including any amendments thereto and any substitutions therefore;
(e) that I undertake not to bring any claim, of whatever kind against the Western Cape Department of Agriculture, Elsenburg, or Stellenbosch University or any employee of these institutions nor in any way whatever to hold the Department, Elsenburg or the University 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 Elsenburg in any activity, of whatever kind, having to do with my studies or training or sport or recreation of whatever kind, however such damage losss may come about, and that I will participate in any such activity on my own responsibility and will accept of my own free will the risk attaching thereto;
(f) that I authorise elsenburg or the University 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;
(g) that I will immediately get the necessary medical advice or treatment if I have reason to suspect that I have any contagious or infectious disease capable of creating a risk for other persons though my participation in any aspect of Elsenburg activities, including, without restriction, residence in Elsenburg accommodation, attendance of any instructional occasion, taking of examinations or tests or participation in Elsenburg-related projects, sport or recreation; and that, if in terms of such medical advice it is desirable, I will withdraw from any such activity; and that I indemnify the institution against any liability of whatever nature that may directly or indirectly arise for the institution in consequence of my failure to comply with this undertaking;
(h) that I undertake to pay punctually all such registration, tuition, class, residence, and other fees as Elsenburg may from time to time charge during the years for which I register as a student of Elsenburg;
(i) that I furthermore undertake to defray all legal costs arising for the University in the event of my failure to discharge any duty relating to the payments mentioned in (h) above;
(j) that I accept the current policy concerning the ownership of intellectual property created by me during the course of my studies at Elsenburg;
(k) in terms of sec 37 of the Promotion of Access to Information Act, Act of 2000, you are hereby requested to treat the information furnished to you in this application form, as well as information furnished to you by third parties as a result of my application for admission to Elsenburg as confidential.

Signature of applicant:

Date:

d	d	m	m	y	y

H.2 Declaration by parent / guardian

(If the applicant is a minor, this portion of the application form must be completed by his/her parent or guardian.)

I hereby declare:
(a) that I have acquainted myself with the contents of, and consent to, the declaration by my minor child or ward in G.1 above and that the particulars furnished by him/her in this application form are true and correct;
(b) that I consent in particular to my minor child's or ward's undertaking throughout all his/her years of study to abide by Elsenburg's rules and regulations as framed from time to time by the management of Elsenburg or by any other competent body or person attached to Elsenburg;
(c) that I accept joint and several responsibility with my minor child or ward for the payment of all fees referred to in G.1 (h) above which may become due and payable to Elsenburg during all the years for which he/she registers as a student of Elsenburg (including studies subsequent to his/her attainment of majority) and that I undertake to pay the said fees punctually;
(d) that I undertake not to bring any claim of whatever kind against the Western Cape Department of Agriculture, Elsenburg, the University or any employee of these institutions nor in any way to hold the Western Cape Department of Agriculture, Elsenburg, the University liable for any damage or loss whatever which he/she may incur or suffer personally or in property of mine and which directly or indirectly arises from my child's or ward's participation during his/her period of study at Elsenburg in any activity, of whatever kind, having to do with his/her studies or training or with sport or recreation of whatever kind, however such damage or loss may come about, and that he/she will participate in any such activity his/her own responsibility and will accept of his/her own free will the risk attaching thereto; and I furthermore undertake to indemnify the Western Cape Department of Agriculture, Elsenburg or the University or any employee of these institutions if my minor child or ward with my assistance is on legally valid ground unable to safeguard the Western Cape Department of Agriculture, or Elsenburg or the University of Stellenbosch against liability as set forth herein before;
(e) that both my child or ward and I undertake to abide by para. (c) of G.1 above.

Signature of parent / guardian:

Date:

d	d	m	m	y	y

Capacity (father, mother, guardian)

I. SPORT		

Title (mr/ms)	Surname	Initials

Postal address: Between two address lines, leave a comma only, e.g. 101 CAMPUS FLATS, MAY STREET, DALSIG, STELLENBOSCH

Postal code:

Applicant's telephone number during normal office hours:

Dialing code Number

ACHIEVEMENT IN SPORT:

Sport A	

Highest achievement (Mark with an X)	X	Particulars of team/s (E.g.: S.A. Top 10, WP Schools, etc.)
International colours		
National colours		
Provincial colours		

Position (E.g.: centre, lock, etc.)	

Item (E.g.: 400m backstroke, pole-vault, etc, ens.)	Best performance / time

Coach's particulars

Title (Mr/Ms)	Surname	Initials	Telephone number and dialing code

Sport B	

Highest achievement (Mark with an X)	X	Particulars of team/s (E.g.: S.A. Top 10, WP Schools, etc.)
International colours		
National colours		
Provincial colours		

Position (E.g.: centre, lock, etc.)	

Item (E.g.: 400m backstroke, pole-vault, etc, ens.)	Best performance / time

Coach's particulars

Title (Mr/Ms)	Surname	Initials	Telephone number and dialing code