



**Western Cape  
Government**

Agriculture



# Application for admission

Learnership

<b>YEAR OF STUDY</b>	
<b>NAME OF APPLICANT</b>	
<b>ID NUMBER</b>	
<b>ADDRESS</b>	
<b>CONTACT NUMBER/S</b>	

FOR OFFICE USE ONLY

Student number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Application  
number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date Stamp/received

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Learnership Coordinator: FET  
Elsenburg Agricultural Training Institute  
PO Box 54  
ELSENBURG  
7607  
Tel: +27 21 808 7716

[www.elsenburg.com](http://www.elsenburg.com)

**Sub-Programme: Further Education & Training**

Elsenburg Agricultural Training Institute

**GENERAL RULES**

1. Please complete the application form in ink.
2. Write in the blocks only, one letter per block. Always start in the first block.
3. Where choices have to be made, mark the appropriate block with an X.
4. Only applications submitted on the prescribed application form will be considered. No tippex must be used on the application form which **can be faxed/e-mailed to [CatherineM@elsenburg.com](mailto:CatherineM@elsenburg.com) or [BelindaA@elsenburg.com](mailto:BelindaA@elsenburg.com)** or **posted to: The Learnership Coordinator, P O Box 54, ELSENBURG, 7607**. Please retain original application for future reference.

**CLOSING DATES**

30 June for the Learnership with late applications until 31 July. Please note that late applications will only be considered if space is still available in the particular programme.

**COMPULSORY DOCUMENTS THAT MUST ACCOMPANY THIS APPLICATION (Tick if attached)**

- Certified copy of ID
- Certified copy of Results
- CV
- Farm Letter (refer to learnership brochure)
- Proof of Residential Address

**A. APPLICATION FOR ADMISSION**

Before completing this section, read the section on "Admission requirements" in the Learnership brochure.

**Biographic particulars of applicant.**

Surname  Initials

Title  Mr  Mrs  Miss Other

Full names

Have you been registered at the Institute before?  Yes  No If so, please state your student number

Identity number  Year of first registration, e.g. 1998

Date of birth  Maiden name (if applicable)   
D D M M Y Y Y Y

Place of birth

Local municipality of permanent residence

Title:

Mr.
Miss.
Mrs.
Other*

Marital state:

Unmarried
Married
Other*

Population group:

Asian
Caucasian
Coloured
N-Sotho
S-Sotho
Tswana
Xhosa
Zulu

\*Population group: Information needed by Government

Home language:

Afrikaans
English
German
Sotho
Xhosa
Zulu
Other*:

Sex:

Male
Female

\*Specify

Residential address: (Separate address line by means of a comma, e.g. 28 Amandel Drive, Amandelsig, Kuils River)  
  
 Postal code:

Postal address: (Only fill in if different from residential address)  
  
 Postal code:

Applicant's telephone number during normal office hours:

Cell phone number:  Fax number:   
Dialling code Number

E-mail address:

**B. PARTICULARS OF NEAREST RELATIVE/GUARDIAN**

Are you a Farm worker's child?  Yes  No

Kinship with applicant <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify) _____ _____	Person's title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify) _____ _____
--	---

Surname: 



      Initials:

Residential / Postal address:

Postal code: 



      Home telephone no: 



  
 Dialing code and number

**C. TO BE COMPLETED BY EMPLOYED APPLICANT**

Employer's address:

Postal code: 



      Home telephone no: 



  
 Dialing code and number

**D. PARTICULARS OF FARM/LAND FOR PRACTICAL/WIL (An official letter from the Farm must accompany this application)**

Name of Farm:

Farm address: 



  
 Postal code:

Cell phone number: 



      Fax number: 



  
 Dialling code      Number

E-mail address:

**E. PRELIMINARY REPORT REGARDING PROSPECTIVE STUDENT**

**E.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 10/11 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.

**E.2 School record**

Name of school:

School's address: 



  
 Postal code:

School's telephone no 



  
 Dialling code      Number

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



      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

**F. 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/Technikon/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				

**G. ACCOMMODATION**

Do you want to be considered for accommodation at Elsenburg hostel?  Yes  No

**H. MEDICAL PARTICULARS**

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

Bad eyesight     Cerebral palsy     Other (specify) \_\_\_\_\_  
 Deafness         Speech defect        \_\_\_\_\_

Do you make use of a wheelchair?  Yes  No

**I. 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 Institute 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 Institute and any employee of the Institute if my child under age, with my assistance, cannot sufficiently in law secure the Institute 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

.....  
Capacity (father/mother/guardian)

.....  
Date