

APPLICATION FORM

SECTION A: COURSE APPLICATION

I would like to apply to attend the following course:

GRADE12

Senior Certificate

National Certificate

AET Level 4

ACCOUNTINGCERTIFIEDPROGRAM

Certified Junior Bookkeeper (NQFL3)

Certified Senior Bookkeeper (NQFL4)

Certified Technical Financial Accountant (NQFL5)

Certified Financial Accountant (NQFL6)

OFFICEMANAGEMENT

Certified junior office administrator (NQFL5)

Certified Senior Office Administrator (NQFL5)

Certified Office Manager (NQFL6)

PUBLICSECTORACCOUNTING

Certified Public Accounts Administrator (NQFL4)

Certified Technical Public Accountant (NQFL)

Tourism & Hospitality

SECTION B: PERSONAL DETAIL

Title

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Initials:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Maiden:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Full Name(s):

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Date of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Identity number:

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Passport number:

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Gender:

<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
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Marital status: Single Married Widowed Divorced

Source of funding: Self Employer Bursary Other

Home Language:

Occupation:

Citizen: RSA Other Country

IF YOU ARE NOT A SOUTH AFRICAN CITIZEN, PLEASE TICK ONE OF THE OPTIONS:

International application with permanent residence

SECTION C: NON - BURSARY APPLICANTS

Deposit paid: R Date of payment:

How was deposit paid? Cash Bank deposit EFT

How did you hear about LSF?

Brochures Website Friends Family Other

SECTION D: EMPLOYMENT DETAILS

Name of employer

Bursary: Yes No

Address of employer:

 Postal code:

SECTION E: PREVIOUS STUDIES

Activity last year

Please provide details of your most recent enrolment, if lower than Grade 12:

Name of institution (school, college, etc.) attended:

Highest Qualification

Provide details of subjects already passed, in respect of the qualification above:

Subject	Mark	Year passed

SUBJECTS THAT YOU WISH TO REGISTER FOR:

Subject	Subject
English Home	Life Science
Afrikaans Huis	History
English FAL	Geography
Xhosa Home	Business Studies
Xhosa FAL	Religious Studies
Afrikaans FAL	Mathematics Literacy
Physical Science	Mathematics

SECTION F: CONTACT DETAILS

Residential address:

Postal code:	

Home telephone:

Cellphone:

E-mail:

Fax:

SECTION G: PAYMENT

1. A deposit of 50% of the total fees is payable on registration. [GRADE 12 ONLY]
 2. The outstanding balance of fees is payable in equal monthly installments due on the first day of every succeeding month for 5 months.
 3. Should the applicant default any payment due in terms of this agreement, the entire outstanding balance will be come due and payable.
 4. Consideration for refund of fees will only be considered in the following circumstances:
 - i) Major absenteeism resulting from injury or illness; a confirmed medical report has to be produced;
 - ii) LSF is unable for one reason or another to offer or continue the subject or tutorials.
 5. Applicants that decide to abandon the program will remain liable for the full tuition fee unless cancellation is requested within 10 working days from the date of registration.
- * All other courses is R5 000.00 per module. [Deposit is R5 000.00]**

SECTION H: CODE OF CONDUCT

In applying for registration each applicant agrees to:

1. Behave in a way that does not bring the good reputation of LSF in to disrepute.
2. Treat everybody with courtesy and respect regardless of gender, race, religion, belief or orientation.
3. Arrive timeously for tutorials.
4. Respect the property and furnishings of Cape Peninsula University of Technology.
5. Guard against any activities that could result in damage to any property or harm any person.
6. Obey the Copyright Act and thus not get, copy or share study materials with out permission of LSF.
7. Take care not to engage in or become party to any unlawful act.
8. Pay all fees outstanding interms of this agreement.

SECTION I: APPLICANT'S AGREEMENT

By signing this agreement I/we

Applicant and

Parent/Legal guardian

hereby declare that I/we:

1. Understand and undertake to conform to all the requirements of the Code of Conduct.
2. Will ensure that I am familiar with and abide with the Rules and Regulations that apply to my chosen course.
3. Acknowledge that I will be excluded from tutorials if my fees are not paid as agreed.
4. Will be liable for all costs, collection charges and any other disbursements incurred by LSF recovering monies owed to it.
5. Have supplied LSF with full and correct information on all documentation.
6. That I accept that any refunds will take place in strict compliance with LSF's refund policy interms of this agreement.
7. Understand that any false declaration interms of this application will result in the application being refused.
8. Undertake that all outstanding fees will be paid according to this agreement.
9. The applicant and parent/guardian further agree any breach of the Code of Conduct constitutes abreach and may result in the termination of this agreement.

.....
APPLICANT (signature)

.....
PARENT/LEGALGUARDIAN (signature)

DATE:

SECTION J: LSF CONTACT DETAILS

Registered name: CapeTown Skills Facilitators 786 CC
Registration number: 2003/070319/23
Postal address: P.O. Box 429, Plumstead, 7800

Contact numbers: (021) 761 3899 or (021) 7155056 or 072 6200 564
Fax: 086 5144 722
Email: life.skills@telkomsa.net
Website: www.lifeskillsfacilitators.co.za

SECTION J: LSF BANKING DETAILS

Bank: StandardB ank
Account name: Life Skills Facilitators
Account number: 07 280 2782
Branch code: 025909

Note: When making payment kindly use your initials and surname as a reference.