

GUIDE TO THE COMPLETION OF THE APPLICATION FORM

Please read the information and instructions contained in the following pages carefully before completing the application form. Information pages to be retained by the student.

SECTION A: INSTRUCTIONS

PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE APPLICATION FORM

1. General

- 1.1 This form must be completed by all students applying to Juta Adult Learning for the first time.
- 1.2 It is in your own interest to ensure that this form is completed in full and that certified copies of all supporting documents are enclosed. If any questions are left unanswered or certified documents are not enclosed, or the contract is not signed, it will cause a delay as the form will be returned to you for completion. Please write in black ink and use block letters.

2. Admission requirements

General Education and Training Certificate: Adult Education and Training Communication in English AET Level 3 or equivalent Mathematical science/literacy at AET Level 3 or equivalent Basic computer skills

- 2.1 Juta Adult Learning offers the opportunity for qualifying individuals to apply for Recognition of Prior Learning (RPL) on the criteria list below:
 - a) If you are 25 years old or older.
 - b) You have sufficient work experience of at least 5 years.
- 2.2 All candidates who comply with the minimum requirements are still subject to selection procedures.

3. When registering with Juta Adult Learning you are required to submit the following certified documents:

- 3.1 A certified copy of the first page of your Identity Document
- 3.2 A certified copy of your last School Certificate or equivalent qualification differs from the name on the application form, proof should be provided to explain the change in name.

In International students must also meet the requirements set out in paragraph 4 below.

4. International Students (non South African citizens)

4.1 Certified copies of the following documents must accompany this form:

Your passport/refugee permit/proof of permanent residence Your school leaving certificate should be submitted with the English translation of the certificate.

Your qualification should be evaluated by the South African Qualifications Authority (SAQA). SAQA can be contacted at: Postnet Suite 248, Private Bag X06, Waterkloof 0145, South Africa. Tel +27 +12 431 5000. Website address: http://www.saqa.org.za. Attach the report Students with qualifications from the West African Examination Council (WAEC) and the National Examinations Council (NECO) should submit a scratch card. Applicants from Angola, the Democratic Republic of Congo or Cameroon should submit a sixth year Bulletin:

Diplom D'Etat, Journal and transcripts of results, or Journal or Confirmation of Results from the Embassy. NB: Closing date: 31 August. No late applications will be accepted.

SECTION B: WHERE TO SEND YOUR APPLICATION

Address your application to the ADMISSIONS:

1. Email: alearning@juta.co.za

2. Fax: +27 21 659 2360

- 3. Hand it in to the official on duty at the registration sessions.
- Post to:

Juta Adult Learning P.O. Box 14373 Lansdowne 7779 Cape Town

Tel: +27 21 659 2300

CHECKLIST

Please note that the Juta Adult Learning does not consider incomplete applications. Before submitting your application, please check that you have done everything that applies to you, as shown on the list below.

We suggest you tick the box next to each point when you have checked it.

		YES	NO
1	Attached a certified copy of Identity		
	Document OR birth certificate		
2	Attached certified copy of last school		
	report or Affidavit		

APPLICATION FOR ADMISSION FOR THE YEAR

2	0	

Please read GUIDE TO THE COMPLETION OF THE APPLICATION FORM, the insert in the middle of this form, carefully before completing this application form.

TITLE (e.g. Mr, Mrs)																		
SURNAME																		
First names																		
MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED OTHER																		
MAIDEN NAME																		
NB: Applications will not be	proc	essed	witho	out a c	ору о	f the a	applic	ant's I	D or b	irth ce	ertifica	ate an	d the i	numb	er in fo	ull ent	ered b	oelow.
IDENTITY NUMBER																		
PASSPORT NUMBER																		
DATE OF BIRTH	D	D	M	M	Υ	Υ	Υ	Υ										
NB: The following question allows the institution and the Government to track the progress of transformation in Higher Education.																		
ETHNIC GROUP		AFR	ICAN	1	•	COLC	URE	D		INDI	AN			WH	ITE			
HOME LANGUAGE				Ė														

PROPOSED QUALIFICATION: GETC: ADULT EDUCATION AND TRAINING

APPLYING FOR A BURSARY

Yes	
No	

For office use only

r or office use offiny								
Choice 1	Accepte	ലവ	Provisionally accepted	Not accepted		Signature Print: Initials & surna	me	Date
Choice 2	Accepte	en i	Provisionally accepted	Not accepted	_	Signature Print: Initials & surnar	me	Date
Reason for rejection (compulsory)								
Comment								
Receipt number	I	Date			Amount		Cashier	

Receipt number	Date	Amount	Cashier

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FET COLLEGE STUDENT																				
CONTACT DETAILS																				
ADDRESS (where you live permanently or where you can be contacted)												POST	ΓAL	COD	E					
Telephone (home)																				
Telephone (Work)																				
Cell phone																				
Email address																				
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TITLE (e.g. Mr, Mrs)					П	NITIA	AL.	S	URN	IAME										
POSTAL ADDRESS																				
(where abovementioned person permanently or can be contact	on lives ted)														PO	STAI				
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Telephone (home)																				
Telephone (Work)																				
Cell phone																				
Email address																				
NON SOUTH AFRICAN CITIZE	NS																			

PLEASE SPECIFY YOUR COUNTRY OF ORIGIN

CITIZENSHIP

IF NOT A SOUTH AFRICAN CITIZEN, PLEASE TICK ONE OF THE OPTIONS BELOW:									
(A) AFRICAN (African countries)		(E) EXCHANGE STUDENT							
(F) FOREIGN (outside Africa)		(N) PERMANENT RESIDENT							
(R) REFUGEE (Refugee permit)									

Please note that international applicants will be required to be in possession of a Study Permit in order to register.

HIGH SCHOOL OR EQUIVALENT INFORMATION									
		Г			\neg				
LAST GRADE PASSED		L							
DATE OF LAST PASSED GRADE									
DISABILITY STATUS									
This information will not disadvantage you	r applica	ation.							
Do you have any disabilities/special needs				Yes	No				
If yes, please indicate by ticking the releva	nt block	s:							
NONE	000		MULTIPLE	007					
SIGHT	001		DISABLED BUT UNSPECIFIED	009					
HEARING (WITH HEARING AID)	002		ASTHMA	010					

EXTRA TIME CONCESSION

UNKNOWN DISABILITY

1005

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General Education and Training Certificate: Adult Education and Training

003

004

005

006

Compulsory Subjects

COMMUNICATION (TALK, LISTEN)

PHYSICAL (MOVE, STAND, GRASP)

EMOTIONAL (BEHAVIOUR, PSYCHO)

INTELLECTUAL (LEARNING DIFFICULTY)

	Subject
1	Communication in English
2	Mathematical Science and math literacy
3	Life Orientation

Select the any **THREE** elective subjects you want to take:

	Subject	>
1	Economic and Management Sciences	
2	Small, Micro and Medium Enterprises	
3	Human and Social Studies	
4	Technology	
5	Natural Science	

LEGAL UNDERTAKING (COMPULSORY)							
I,	e and correct. I						

1. I undertake:

- 1.1 to comply with all the rules and regulations, including the disciplinary rules, of Juta and Company: Adult Learning, including any amendments thereof as published from time to time and to acquaint myself with all the provisions thereof;
- 1.2 to notify the Faculty Office immediately if I abandon my qualification of studies and/or change my address; to acquaint myself with and adhere to all the rules and general regulations applicable to the qualification for which I wish to enrol as well as the rules regarding the payment of fees;

I undertake that I will not hold Juta and Company: Adult Learning liable nor make any claim against Juta and Company: Adult Learning for any compensation and/or any expenses incurred or damages suffered as a result of or in respect of any injury to me or illness or my death, irrespective of whether any such damages, injury or death may be have been attributable to any degree of negligence on the part of Juta and Company: Adult Learning or one or more of its employees or other person (s) for whose actions it might, but for this undertaking, have been responsible. I am aware that my enrolment is valid only if it complies with the regulations governing the qualification concerned, notwithstanding the acceptance of this enrolment by Juta and Company: Adult Learning.

I accept that, if I abandon or change my qualification of study at any time, no cancellation or reduction of fees will be considered and that I will remain liable for the payment of all fees in full. I agree that Juta and Company: Adult Learning may provide me with statements of account and any other communiqués by way of electronic communication through data messages. These data messages may be sent to the cellular number provided by me. I am also prepared to accept such messages at my Juta and Company: Adult Learning student email address or at an alternative email address nominated by myself in writing.

SIGNED AT ON T	HIS2013.
SIGNATURE OF APPLICANT	
Herein assisted as far as may be necessary who f eighteen years I,	
	•
myself to be jointly and separately responsible	for monies which the abovementioned

applicant may at any stage be owing to Juta and Company: Adult Learning in terms of the

agreement that he/she concluded with Ju	ta and Company:	Adult Learning,	as set out above,
including any change thereto.			
SIGNED AT	ON THIS	DAY OF	2013.

SIGNATURE OF PARENT/LEGAL GUARDIAN

ADVISED BY (OFFICE USE ONLY).....

NB: It is compulsory that this contract is signed by all parties concerned.

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