



**Western Cape  
Government**

Agriculture



## Horse Riding Instructor's programme

Postal address:  
Elsenburg Agricultural Training Institute  
PO Box 54  
ELSENBURG  
7607  
Tel: 021 808 5451 Fax: 021 884 4319

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

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

--

<i>RECEIVED</i>
-----------------

<i>COURSE APPROVED</i>
------------------------



## 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 form, a copy of their school-leaving certificate.

### B.2 School Record:

Name of school:  For office use

Address of school:

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

School subjects: **(For languages, please state whether 1<sup>st</sup> or 2<sup>nd</sup> 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/Technikon/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
2	Mother
3	Guardian

4	Applicant
5	Other

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

<input type="text"/>																			
Postal code:												Home tel.:			Dialling code			Number	

Work address:

<input type="text"/>																			
Postal code:												Work tel.:			Dialling code			Number	

Employer:

Occupation:

Fax number:   
Dialling code      Number

Cell phone no.:   
Number

E-mail address:

## E. ADDITIONAL INFORMATION

### E.1 Disabilities

Do you have any of the disabilities referred to below?

1	Blindness
2	Deafness

3	Cerebral palsy
4	Speech impediment

Other (specify)

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:

## 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 loss 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:

<b>Sport A</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

<b>Sport B</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