



B.Agric

Undergraduate application for admission to Elsenburg for the Year

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

www.elsenburg.com

Sub-Programme: Higher Education & Training Elsenburg Agricultural Training Institute

UNDERGRADUATE APPLICATION
FOR ADMISSION TO
ELSENBURG FOR THE YEAR





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

Admission will only be confirmed at registration, on submission of your Grade 12 or original Statement of Symbols, or a certified copy thereof. If it becomes apparent at registration that you do not satisfy the admission requirements, you will not be admitted.

ELSENBURG AGRICULTURAL TRAINING INSTITUTE

IN ASSOCIATION WITH

UNIVERSITY OF STELLENBOSCH



RECEIVED

COURSE APPROVED

(Write in the SHADED SPACES only. Write only one letter for each of the vertical boxes. Always starting in the first box. 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	Pro	pos	ed	pro	gra	mm	e:						B Agric																				
A	.3	Per	son	al Ir	nfor	ma	tion																											
Su	rnan	ne:																											Initi	als:				
Fin	st na	mes	:																															
Have you been registered at Elsenburg before? Yes No If so, please state student number:																																		
Identity no:												tion:	(e.g	.) 19	90																			
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PRELIMINARY REPORT BY PROSPECTIVE STUDENT Β.

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:

Name of school:			For office use						
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)

		Office		_		Standard	Present pupil: m	arks end of	grade 11	If matriculo	ated already	
Year	Month		Use	`	School subject	(HG or SG)	Actual mark		Total	Symbol	Office Use	
								Out of				
								Out of				
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					,.		
	21					Western Cape	
	24					Northern Cape	
	25					Gauteng	
						Other (Specify)	

Ту	pe	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 Office Standard Marks Marks Office use only % Year Subjects Exam no Symb Centre Use (HG/SG) Total received School E.O Certification **B.3** This is to certify that the marks and/or symbols furnished in this report form are correct, **Signed: Principal** Signed: Applicant (only for matriculation candidates)

Date	d	d	m	m	У	У

NB:

The information on this page, in case of current learners, must be certified and/or completed by the school. If, on the grounds of inter alia the certification in 3 above, the University notifies you of your provisional admission as a student, (a) (b) 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. Documents as prescribed in B.1 above, must be attached. (c)



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C. ACTIVITIES SINCE MATRIC

umber of times previously re iversity:	Mo	ain i	involvement during	the y	/ea	preceding your prop	osed	tudi	es at Elsenburg:	
First			1	School		4	University		7	Technical College
			2	National Service		5	Technikon			Other (specify)
Twice or more			3	Work		6	College of education			

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

Full de	etails of	each y	ear afte	er matric (academic and non-academic)									
	Per	iod				Study							
Fro	m	Т	0	Name of University/Technicon/College, etc. or non-acc pursued, e.g. employment, travel abroad, national servi	ity	Name of degree/dipl/cert.	Student Number						
Year	Mth	Year	Mth					(Yes or No)					

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

Re	lation	ship to applicant:	Title of p	parent/guardian	Accou	nts to go to:					
	1	Father	10	Mr	1	Father			4	Applican	t
	2	Mother		onther (specify)	2	Mother			5 (Other	
	3	Guardian			3	Guardian					
	rent's name	/Guardian's				nitials:	Date c	of birth	d	d m	m y y
ls f	ather	a former student?	Y	'es No Is m	other a former	student?	(es	No			
	nowr dent	n, state father's no:				nown, state moth dent no:	ner's				
Fat	ther's	ID Number:		N	Mother's ID Nui	mber:					
Mo	other'	s maiden name					Mot	her's ir	nitials		
										4	
Po	stal a	ddress: Between two addre	ess lines, le	eave a comma only, e.g.	. TOT CAMPUS	FLAIS, MAT SIKEE	T, DALSIG, ST	ELLEIN	50301	1	
Po	stal a	ddress: Between two addre	ess lines, le	eave a comma only, e.g.		FLAIS, MAT SIREE	T, DALSIG, ST		50301		
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Wo	ork ac	Idress:		Image: Postal code:		Home tel.: Work tel.:	Dai	illing co	de	Numb	
Wc	ork ac	Idress:		Image: Postal code:		Home tel.:	Dai	aling co	de	Numb	

E. ADDITIONAL INFORMATION

E.1 Disabilities

Do you have any of the disabilities referred to below?

1	Blindness		3 Cerebral palsy		Other (specify)	Do you r	nak	e use of a v	whee	elchair?
2	Deafness		4 Speech impediment					Yes		No

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

E.2 Particulars of working applicant:

Occupation:			
Employer:			
Telephone numbe	ers of applicant:		
Office hours:		After hours:	
	Dialing code Number	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	Elso	ent	our	g?		Y	'es			N	0													
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Medic	al Aid											Me	dico	al P	lan					Nc	ne										
Name	of fun	d/pl	an:																					Nu	Jml	oer					
Name	of prir	ncipo	al m	iem	be	r:																									
Addre medic 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;
- 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 (b) application form is/are untrue or incorrect;
- 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 (c) to time by the management of Elsenburg or by any other competent body or person attached to the institution;
- 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, (d)including any amendments thereto and any substitutions therefore;
- that I undertake not to bring any claim, of whatever kind against the Western Cape Department of Agriculture, Elsenburg, or Stellenbosch University or any (e) 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;
- 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 (g)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;
- 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;
- 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;
- that I accept the current policy concerning the ownership of intellectual property created by me during the course of my studies at Elsenburg; 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 (k)
- 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:





Declaration by parent / guardian H.2

(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;
- 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;
- 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;
- 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 around 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:





I. SPORT		
Title (mr/ms)	Surname	Initials
Postal address: Betwee	en 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	e Number

ACHIEVEMENT IN SPORT:

Sport A			
Highest achievement (Mark with an X)	х		s of team/s Top 10, WP Schools, etc.)
International colours			
National colours			
Provincial colours			
Position (E.g.: centre, loc	ck, etc.)		
Item (E.g.: 400m backstr etc, ens.)	oke, po	le-vault,	Best performance / time

Coach's particulars

lle /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, loc	ck, 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