



Western Cape
Government

Agriculture



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

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(For office use)

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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

*FOR OFFICE
USE ONLY*

RECEIPT NO.

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<i>RECEIVED</i>

<i>COURSE APPROVED</i>

E. ADDITIONAL INFORMATION

E.1 Disabilities

Do you have any of the disabilities referred to below?

<input type="checkbox"/>	1	Blindness
<input type="checkbox"/>	2	Deafness

<input type="checkbox"/>	3	Cerebral palsy
<input type="checkbox"/>	4	Speech impediment

<input type="checkbox"/>	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 through 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
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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
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Capacity (father, mother, guardian)

