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(OFFICE USE ONLY)

**PLEASE ATTACH A CERTIFIED COPY OF YOUR ID, RESULTS AND CV**

**CLOSING DATE FOR APPLICATIONS: 30 SEPTEMBER**

**Application for admission to learnership programme for the year**

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TITLE	SURNAME	INITIALS	DATE OF BIRTH DD/MM/YYYY



Elsenburg in association with the University of Stellenbosch  
PO Box 54, Elsenburg, 7607  
Tel. (021) 808 5451; Fax (021) 884 4319  
<http://www.elsenburg.com>

RECEIVED
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COURSE APPROVED
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Complete the entire form. Write in the shaded spaces only. Write only one letter in 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 TO LEARNERSHIP PROGRAMME**

1. The year in which you wish to commence your studies at Elsenburg

1.2. Study Field: Viticulture   
 Pomology   
 Vegetable Production

**2. Applicant's biographical particulars**

Surname:  Initials:

First names

Have you been registered at Elsenburg before?  Yes  No  
 If yes, please state student number:

Identity number:  First year of registration (e.g. 1990)

Date of birth:  Maiden name (if married)

Title:

10	Mr
19	Ms
31	Mrs
13	Dr
	Other

Marital status:

1	Married
2	Unmarried
	Other (specify)

Population group:

7	Asiatic
42	European
34	Coloured
19	N. Sotho
18	S. Sotho
23	Tswana
20	Xhosa
21	Zulu
	Other (specify)

Religion (specify)

Citizenship   
 100 South Africa  Other (specify)

If foreign, please specify:  
 1 Study permit Permit number:   
 2 Residence Permit expiry date:   
 Other (specify)

Language proficient

Afrikaans			
	Good	Fair	Poor
Speak			
Write			
Read			

English			
	Good	Fair	Poor
Speak			
Write			
Read			

Residential address: Between address lines, leave a comma only, e.g. 101 CAMPUS FLATS, MAY STREET, STELLENBOSCH

Postcode

Postal address: Complete only if different from residential address

Postcode

Forwarding address for correspondence  Residential  Postal  Other

If 'other', complete the relevant address below:  
 Postcode

**B. PRELIMINARY REPORT BY PROSPECTIVE STUDENT**

**2. School record**

Name of school

Address of school

Highest grade passed  Year   Telephone no of school

(If not known, forward when available)

Office use		

School subjects (for languages, please state whether 1st or 2nd language)

Year	Month	Office use	School subject	Standard (HG) or (SG)	Marks at the end of final school year	
					Actual mark	Total
						Out of
						Out of
						Out of
						Out of
						Out of
						Out of
						Out of
Total/aggregate symbol:						

Indicate the student activities you would like to become involved in:

a) Societies: Pupil's council, SCA., Debating Society, Boy Scouts, Girl Guides, Landsdiens, etc.

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b) Sport: Rugby, Tennis, Hockey, Netball, Cricket, Athletics, Soccer, etc.

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c) Any other important activities (specify)

Any leadership roles and/or top performances in these activities (e.g. Head Girl, Prefect, Cricket Captain):

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**3. Certification**

This is to certify that the marks and/or symbols furnished in this report are correct.

Signed: Applicant

DATE:

**C. ACTIVITIES AFTER SCHOOL**

Main involvement during the year preceding your proposed studies at Elsenburg:

<input type="checkbox"/>	1 School	<input type="checkbox"/>	4 College of Education
<input type="checkbox"/>	2 National Service	<input type="checkbox"/>	5 Technical College
<input type="checkbox"/>	3 Work	<input type="checkbox"/>	6 Other (specify) _____

Give details of each year after matric (academic and non-academic)

Full details of each year after school

Period				Activities involved in since leaving school
From:		To:		
Year	Month	Year	Month	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. ADDITIONAL INFORMATION**

**D1. Disabilities**

Do you have any of the following disabilities?

<input type="checkbox"/>	1 Blindness	<input type="checkbox"/>	3 Cerebral palsy	<input type="checkbox"/> Other (specify) _____	Do you make use of a wheelchair? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/>	2 Deafness	<input type="checkbox"/>	4 Speech impediment		

Elsenburg needs the information to provide assistance, wherever possible, for students with disabilities

**D2. Contact details of applicant**

Occupation

Employer

Telephone numbers

Office hours

After hours

Fax number

Cell number

e-mail

**E. PARTICULARS OF APPLICATION FOR ACCOMMODATION**

Do you require accommodation at Elsenburg?  Yes  No

## F. AGREEMENT

### F.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 registration 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 Department of Agriculture: Western Cape or Elsenburg, 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 any 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 what ever kind, however such damage or 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 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 university 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	Y	Y
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### F.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 F.1 above and that the particulars furnished by his/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 formulated 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 F. 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 Department of Agriculture: Western Cape or Elsenburg, or any employee of these institutions nor in any way to hold Department of Agriculture: Western Cape or Elsenburg 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 Department of Agriculture: Western Cape or Elsenburg or any employee of these institutions if my minor child or ward with my assistance is on legally valid ground unable to safeguard the Department of Agriculture: Western Cape, or Elsenburg or the University of Stellenbosch against liability as set forth hereinbefore.
- e. that both my child or ward and I undertake to abide by para. (c) of F.1 above

Signature of parent or guardian

Date

D	D	M	M	Y	Y	Y	Y
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