

Want to study agriculture?

BAgric

Applications for the 2019 B.Agric programme must be submitted online via Stellenbosch University. For enquiries email info@sun.ac.za | 021 808 9111
<https://web-apps.sun.ac.za/eAansoek2/alg.jsp?TI=1>

Higher Certificate

Application forms for the Higher Certificate and Equine Studies can be obtained from the college or downloaded from www.elsenburg.com. For enquiries contact DesireeCD@elsenburg.com | 021 808 5457

Learnership Programme

For Learnership Programmes send enquiries to CatherineM@elsenburg.com | 021 808 5492
www.elsenburg.com

Elsenburg Agricultural Training Institute

Private Bag X1
Elsenburg
7607

Tel: +27 21 808 5451
GPS: 33.845259 S 18.834722 E

Closing Date:

**30 June
2018**



Western Cape
Government
Agriculture

BETTER TOGETHER.

Celebrating

120 

years

ELSENBURG AGRICULTURAL TRAINING INSTITUTE

FULL TIME BURSARY ADVERTISEMENT

ACADEMIC YEAR – 2019

PREAMBLE

The Elsenburg Agricultural Training Institute (EATI), which is a Chief Directorate within the Western Cape Department of Agriculture (WCDoA), provides education, training and skills to students, mostly specialising in agricultural production education and training. The qualifications that students are able to attain range from learnerships at NQF level 1 to a B. Agric degree at NQF level 6.

To ensure continued supply of learned and skilled resources, education and training in agriculture, the WCDoA and the EATI will have to enhance and sustain service delivery to learners and small scale farmers. It is therefore of utmost importance that resources (bursaries) are allocated to support and encourage this initiative that is geared at developing human resources to sustain present and future survival of agriculture in the province and the whole of South Africa.

In making the final selection, first preference will be given to:

- Previously disadvantaged individuals which shall include black applicants, persons with disabilities and women;
 - Applicants with a financial need; and
 - South African Citizens
-
- a) **ONLY** applicants applying for courses at the EATI (BAgric, Higher Certificate and Equine Studies) may apply for the EATI bursary.
 - b) The bursary application form, obtainable from the department or online, must be fully and correctly completed and signed by the applicant and if applicable, his/her parent or guardian.
 - b) All documents requested on the application form must be submitted and failure to comply may result in the application being deemed incomplete.
 - c) Only applications submitted on the prescribed application form for 2019 and completed applications will be considered. The use of tippex on application forms is strictly prohibited and **no faxed/e-mailed application forms will be accepted.**

- d) Successful applicants will be informed during **November 2018**.
- e) Applicants who do not receive notification by end **January 2019** must consider their applications as having been unsuccessful.
- f) Bursary holders may not accept more than one bursary with service obligations.
- g) **ANY FALSE INFORMATION SUPPLIED, WILL LEAD TO THE IMMEDIATE CANCELLATION OF A BURSARY.**
- h) The criteria for bursary applications at EATI are based on transparency, fairness and the promotion of the WCDoA's transformation objectives. Please note that: a limited number of bursaries are available and meeting the criteria does not guarantee entitlement. Allocation will be according to the bursary priorities set by EATI.

THE CLOSING DATE FOR APPLICATIONS IS 30 SEPTEMBER 2018. NO LATE APPLICATIONS WILL BE CONSIDERED.

For further information:

Tel: 021 808 7700

Email: study@elsenburg.com

<p>Posted application:</p> <p>Elsenburg Agricultural Training Institute Private Bag X1 ELSENBURG 7607</p>	<p>Hand delivered applications:</p> <p>Elsenburg Agricultural Training Institute Muldersvlei Road ELSENBURG</p>
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Dialling code	Number
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Number

Dialling code	Number
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Number

Dialling code	Number
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Number

Journal of Management Education 36(7) 809-826

Figure 1. The effect of the number of trials on the number of correct responses. The number of correct responses was plotted against the number of trials for each condition. The number of correct responses increased with the number of trials for all conditions. The number of correct responses was highest for the condition with the highest number of trials (10 trials) and lowest for the condition with the lowest number of trials (2 trials).

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[illegible]

Do you make use of a wheelchair? ☐ Yes ☐ No

SECTION B: PROGRAMME FOR WHICH YOU WISH TO RECEIVE A BURSARY

☐ B.Agric

☐ Higher Certificate

Equine Studies

SECTION C: ACADEMIC DETAILS

passed to date

Grade 12/Final International School results

Year

[illegible][illegible][illegible][illegible]

Number

School subjects (Languages: Please indicate whether first or second language)

Year	School subject name	Percentage % Obtained
Total/ average %		

If you are currently a registered student at the Institute, declare the following:			
(a) Student number			
(b) Programme	<input type="checkbox"/> B.Agric	<input type="checkbox"/> Higher Certificate	<input type="checkbox"/> Equine Studies
(c) Current year of study e.g. 1 st , 2 nd , 3 rd		(d) Minimum remaining period of course	
(e) Expected date of completion			
(f) Have you failed any modules? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify which module/s			

SECTION D: FINANCIAL DETAILS					
14. Details of	ID number	Initials	Surname	Occupation	Gross income per month
<i>Father</i>					
<i>Mother</i>					
<i>Guardian</i>					
<i>Spouse</i>					
15. Marital status of Provider	Unmarried	Married	Widower/ Widow	Divorced	
16. Applicant: Are you temporarily employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: Name and Tel nr of employer:			Monthly income:	
17. Are/were you in receipt of another bursary/loan?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Name of institution					
Nature of obligations					
Fulfilment of obligations			<input type="checkbox"/> Completed <input type="checkbox"/> Not completed		

SECTION E: DOCUMENTATION

Please attach certified copies of the following:

- Identity documents of applicant and parents/guardian
- Certificates of qualifications
- Academic records/Grade 12 results
- Source of income of applicant and parents/guardian
 - Three months' payslips/Proof of grant income from SASSA /A sworn statement if unemployed
- Three months' bank statements of applicant and parents/guardian
- Death Certificates (if applicable)

Please note: If the above- mentioned documents are not attached and/or the application form is not signed, your application will not be considered. All documentation provided will be treated with strict confidentiality.

SECTION F: DECLARATION

I/WE HEREBY CONSENT TO THE PROCESSING OF THE PERSONAL INFORMATION AND SPECIAL PERSONAL INFORMATION IN THE CASE OF A MINOR PROVIDED IN THIS DOCUMENT FOR THE PURPOSES OF AN APPLICATION FOR A BURSARY FROM THE WESTERN CAPE GOVERNMENT'S ELSENBURG AGRICULTURAL TRAINING INSTITUTE.

I DECLARE THAT THE ABOVE INFORMATION TO MY KNOWLEDGE IS TRUE AND CORRECT AND ACCEPT THAT IF IT WERE TO BE FOUND THAT I WITHHELD ANY INFORMATION; MY APPLICATION WILL BE CANCELLED IMMEDIATELY.

SIGNATURE OF APPLICANT DATE

IN CASE OF A MINOR

SIGNATURE OF PARENT/GUARDIAN

DATE



Western Cape
Government

Agriculture



Application for admission 2019

Higher Certificate in Agriculture

Head: Student Affairs
Elsenburg Agricultural Training Institute
Private Bag X1
EISENBURG
7607
Tel: +27 21 808 7700

www.elsenburg.com

FOR OFFICE USE ONLY

Student number

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Receipt number

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Sub-Programme: Higher Education & Training

Elsenburg Agricultural Training Institute

SECTION A: INSTRUCTIONS

1. GENERAL RULES

- Please complete the application form in black ink.
- Write in the blocks only, one letter per block. Always start in the first block.
- Where choices have to be made, mark the appropriate block with an X.
- Only applications submitted on the prescribed application form will be considered. No tippex must be used on the application form and **no faxed/e-mailed application forms will be accepted.**
- Incomplete applications **will not** be processed.

2. ADMISSION REQUIREMENTS

- Please consult the Higher Certificate prospectus obtainable from the Elsenburg Agricultural Training Institute (EATI) or www.elsenburg.com for full details of the admission requirements pertaining to the programme for which you intend to enrol.

3. DOCUMENTS TO BE SUBMITTED WITH YOUR APPLICATION FORM

- A certified copy of your Identity document
- If you are in Grade 12 at present, include a certified copy of your Grade 11 final examination symbols.
- If you have already completed school (regardless of whether or not you are attending/have attended another university or Institute), please include a certified copy of your final school certificate (Senior Certificate (prior to 2008) OR National Senior Certificate (NSC) OR Independent Examination Board certificate (IEB)
- If you have completed the International School System (Cambridge International, etc.) please include a certified copy of your final school results and an evaluation by the South African Qualifications Authority (SAQA).
- If you are following/have followed or has obtained degrees or diplomas from other universities or Institutes include a certified copy of your academic record (current and historical) and a certificate of conduct.

4. INTERNATIONAL APPLICANTS (FOREIGN CITIZENS)

- Certified copies of the following documents must accompany this form:
 - a) Permanent residency applicants: Passport and proof of permanent residency/SA Identity Document/Card.
 - b) Passport
- Your final school-leaving certificate should be submitted with the English translation of the certificate.
- An evaluation by the South African Qualifications Authority (SAQA) is mandatory for all non-South African qualifications. SAQA can be contacted at: Postnet Suite 248, Private Bag X06, Waterkloof 0145, South Africa. Tel: +27 (0)12 431 5000; Web: www.saqa.org.za

5. APPLICATION FEE

- A non-refundable **R100 application fee** must accompany this form. Please ensure that you attach the original proof of payment.
Take note: If your application is not accepted or if you withdraw your application, the application fee will not be refunded.

The Elsenburg Agricultural Training Institute's banking details are:

Account Holder:	DEPARTMENT OF AGRICULTURE
Bank:	Nedbank
Branch code:	145 209
Account number:	1452 045 119
Deposit Reference:	Surname and Initials

6. CLOSING DATES

30 June with late applications until 31 July. Please note that late applications will only be considered if space is still available in the particular programme.

7. WHERE TO SEND YOUR APPLICATION

Head: Student Affairs
Elsenburg Agricultural Training Institute
Private Bag X1
ELSENBURG
7607

SECTION B: PERSONAL DETAILS

1. Surname	<input type="text"/>	2. Initials	<input type="text"/>																						
3. Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss Other <input type="text"/>																								
4. Full names	<input type="text"/>																								
5. Have you been registered at the Institute before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please state your student number	<input type="text"/>																						
6. SA Identity number/ Passport number	<input type="text"/>																								
7. Date of birth	<input type="text"/> D D M M Y Y Y Y	8. Maiden Name (if applicable)	<input type="text"/>																						
9. Place of birth	<input type="text"/>	10. Local municipality of permanent residence	<input type="text"/>																						
11. Gender	<input type="checkbox"/> Male <input type="checkbox"/>	<input type="checkbox"/> Female <input type="checkbox"/>																							
12. Home Language:																									
<table border="1"><tr><td><input type="checkbox"/></td><td>Afrikaans</td></tr><tr><td><input type="checkbox"/></td><td>English</td></tr><tr><td><input type="checkbox"/></td><td>IsiNdebele</td></tr><tr><td><input type="checkbox"/></td><td>IsiXhosa</td></tr><tr><td><input type="checkbox"/></td><td>IsiZulu</td></tr><tr><td><input type="checkbox"/></td><td>Sesotho</td></tr></table>	<input type="checkbox"/>	Afrikaans	<input type="checkbox"/>	English	<input type="checkbox"/>	IsiNdebele	<input type="checkbox"/>	IsiXhosa	<input type="checkbox"/>	IsiZulu	<input type="checkbox"/>	Sesotho	<table border="1"><tr><td><input type="checkbox"/></td><td>Sesotho sa Leboa</td></tr><tr><td><input type="checkbox"/></td><td>Setswana</td></tr><tr><td><input type="checkbox"/></td><td>SiSwati</td></tr><tr><td><input type="checkbox"/></td><td>Tshivenda</td></tr><tr><td><input type="checkbox"/></td><td>Xitsonga</td></tr></table>	<input type="checkbox"/>	Sesotho sa Leboa	<input type="checkbox"/>	Setswana	<input type="checkbox"/>	SiSwati	<input type="checkbox"/>	Tshivenda	<input type="checkbox"/>	Xitsonga	<u>Other (specify)</u>	
<input type="checkbox"/>	Afrikaans																								
<input type="checkbox"/>	English																								
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<input type="checkbox"/>	Setswana																								
<input type="checkbox"/>	SiSwati																								
<input type="checkbox"/>	Tshivenda																								
<input type="checkbox"/>	Xitsonga																								

Title ☐ Mr ☐ Mrs ☐ Miss Other _____

Full names

Postal/Physical address:

Postal code:

Telephone number during normal office hours:

Dialling code Number

Telephone number after hours:

Dialling code Number

Cell phone number:

Fax number:

Dialling code Number

E-mail address:

3. Account address (Details of person responsible for the payment of fees)

Surname

 Initials

Title ☐ Mr ☐ Mrs ☐ Miss Other _____

Full names

Postal/Physical address:

Postal code:

Telephone number during normal office hours:

Dialling code Number

Telephone number after hours:

Dialling code Number

Cell phone number:

Fax number:

Dialling code Number

E-mail address:

SECTION D. ACADEMIC DETAILS

Highest grade passed to date	Grade 11/Preliminary International School results	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Grade 12/Final International School results	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of school:

School's Postal address:

Postal code

School's telephone number

Dialling code Number

School subjects (Languages: Please indicate whether first or second language)

Year	School subject name	Percentage % Obtained
Total/ average %		

VERY IMPORTANT: If you are currently in Grade 12, please submit a certified copy of your Grade 11 final results. School leaving applicants must submit a certified copy of their school leaving certificate. Kindly read through Section (A) for full instructions.

SECTION E. POST SCHOOL ACTIVITIES

Give full particulars of each year after matric before enrolment at Elsenburg (academic and non-academic)

Period				Name of University/Technicon/Institute, etc. Or non-academic activity, e.g. work, overseas, etc.	Name of degree/ diploma/certificate /farm	Study completed Yes / No	Student Number
From	To	Month	Year				

Please note: Prospective students who have studied previously, must attach comprehensive study reports and certificates of conduct from the relevant Institution.

SECTION F. ACCOMMODATION

Do you require accommodation in an Elsenburg hostel? ☐ Yes ☐ No

SECTION G. MEDICAL PARTICULARS

Do you have a disability?

☐ Yes ☐ No

If "Yes", please indicate the nature of your disability under the categories that have been listed below:

Physical		Visual		Learning		Hearing	
Cerebral Palsy		Blindness		Dyslexia		Deafness	
Paraplegic		Low vision		ADD/ADHD		Partial Hearing	
Quadriplegic		Partially sighted		Dyscalculia			
Impaired mobility							

Speech		
Speech impairment		

Other:

Do you make use of a wheelchair? |

☐ Yes ☐ No

SECTION H. AGREEMENT

Undertaking by applicant:

I hereby state / Undertake

- (a) that the information furnished by me in this application form is true and correct;
- (b) that I understand that the Institute is entitled to cancel my enrolment if it should appear that the particulars furnished in this application form are incorrect in any respect;
- (c) that I have acquainted myself as to, and in future will keep myself acquainted with regard to the contents of the Institute's regulations and rules as approved from time to time by the Departmental Head or by any other authorised body or person attached to the Institute;
- (d) that I commit myself to comply with all the regulations mentioned in (c) above during all my study years, as well as the amendments or substitutions thereof;
- (e) that I agree not in any manner to bring any action whatsoever against the Institute or any one of its employees, and not to hold the Institute responsible for any damage or loss which I personally, or as far as any of my possessions are concerned, may suffer and which directly or indirectly may result from my participation during my study years at the Institute in any activity of whatever nature, which may be related to my study or training, or sport or recreation of whatever nature, irrespective of the manner in which such damage or loss may occur, and that I will participate in any of the mentioned activities at my own risk and accept the risk attached to it voluntarily;
- (f) that I authorise the Institute, should I require urgent medical treatment, to obtain suitable medical assistance, and I accept the responsibility for payment of the costs so incurred;
- (g) That I commit myself to the prompt payment of all study, tuition, accommodation and other fees raised from time to time by the Institute during my period of study;
- (h) to pay all the Institute's legal costs if I should fail to meet any of my financial obligations mentioned in (g);
- (i) to pay all study fees upon registration. Postponement for a maximum of 30 days may be allowed, after which time interest at current government rates will be raised on all outstanding amounts;
- (j) I HEREBY CONSENT TO THE PROCESSING OF THE PERSONAL INFORMATION AND SPECIAL PERSONAL INFORMATION IN THE CASE OF A MINOR PROVIDED IN THIS DOCUMENT FOR THE PURPOSES OF AN APPLICATION FOR ADMISSION TO STUDY AT THE WESTERN CAPE GOVERNMENT'S ELSenburg AGRICULTURAL TRAINING INSTITUTE.

Applicant's signature: Date:

Undertaking by parent or guardian:

(This portion must be completed by the parent or guardian of a minor applying for admission to the Institute)

I hereby state

- (a) that I have acquainted myself as to, and consent to the undertaking above, and state that the particulars given by him/her on this application form are true and correct;
- (b) that I in particular agree that my child/ward under age bind himself/herself to comply during all his/her study years with the regulations and rules of the Institute as approved from time to time by the Departmental Head or any other authorised body or person attached to the Institute;
- (c) that I hereby jointly and separately with my child under age accept responsibility for the payment of all fees mentioned in (g), (h) and (i) above which he/she might owe to the Institute during his/her total period of study at the Institute (including study after attaining his/her majority), and agree to pay it promptly;
- (d) that I agree not in any manner to bring any action whatsoever against the Institute or any one of its employees, and not to hold the Institute responsible for any damage or loss which I personally, or as far as any of my possessions are concerned, may suffer and which directly or indirectly may result from my child's participation during his/her study years at the Institute in any activity of whatever nature, which may be related to his/her study or training, or sport or recreation of whatever nature, irrespective of the manner in which such damage or loss may occur, and that he/she will participate in any of the mentioned activities on his/her own risk and accept the risk attached to it voluntarily, and I further undertake to indemnify the Institute and any employee of the Institute if my child under age, with my assistance, cannot sufficiently in law secure the Institute against liability as explained above.
- (e) I HEREBY CONSENT TO THE PROCESSING OF THE PERSONAL INFORMATION AND SPECIAL PERSONAL INFORMATION OF MY MINOR CHILD PROVIDED IN THIS DOCUMENT FOR THE PURPOSES OF AN APPLICATION FOR ADMISSION TO STUDY AT THE WESTERN CAPE GOVERNMENT'S ELSenburg AGRICULTURAL TRAINING INSTITUTE.

.....
Parent's/Guardian's signature

.....
Capacity (father/mother/guardian)

.....
Date



Western Cape
Government

Agriculture



Application for admission

Learnership

YEAR OF STUDY	
NAME AND SURNAME	
ID NUMBER	
FULL ADDRESS	
CONTACT NUMBER/S	

Learnership Coordinator: FET
Elsenburg Agricultural Training Institute
PO Box 54
ELSENBURG
7607
Tel: +27 21 808 7716

www.elsenburg.com

FOR OFFICE USE ONLY

Student number

Application
number

Date Stamp/ received

--

Sub-Programme: Further Education & Training

Elsenburg Agricultural Training Institute

GENERAL RULES

1. Please complete the application form in ink.
2. Write in the blocks only, one letter per block. Always start in the first block.
3. Where choices have to be made, mark the appropriate block with an X.
4. Only applications submitted on the prescribed application form will be considered. No tippex must be used on the application form which can be e-mailed to CatherineM@elsenburg.com or BelindaA@elsenburg.com or posted to: The Learnership Coordinator, P O Box 54, ELSENBURG, 7607. Please retain original application for future reference.

CLOSING DATES

30 June for the Learnership with late applications until 31 July. Please note that late applications will only be considered if space is still available in the particular programme.

COMPULSORY DOCUMENTS THAT MUST ACCOMPANY THIS APPLICATION (Tick if attached)

- ☐ Certified copy of ID
- ☐ Certified copy of Results
- ☐ CV
- ☐ Farm Letter (refer to learnership brochure)
- ☐ Proof of Residential Address

A. APPLICATION FOR ADMISSION

Before completing this section, read the section on "Admission requirements" in the Learnership brochure.

Biographic particulars of applicant.

Surname Initials

Title ☐ Mr ☐ Mrs ☐ Miss Other

Full names

Have you been registered at the Institute before? ☐ Yes ☐ No If so, please state your student number

Identity number Year of first registration, e.g. 1998

Date of birth Maiden name (if applicable)
D D M M Y Y Y Y

Place of birth

Local municipality of permanent residence

Title:
☐ Mr.
☐ Miss.
☐ Mrs.
☐ Other*

Marital state:
☐ Unmarried
☐ Married
☐ Other*

Population group:
☐ Asian
☐ Caucasian
☐ Coloured
☐ N-Sotho
☐ S-Sotho
☐ Tswana
☐ Xhosa
☐ Zulu

*Population group: Information needed by Government

Home language:
☐ Afrikaans
☐ English
☐ German
☐ Sotho
☐ Xhosa
☐ Zulu
☐ Other*

Sex:
☐ Male
☐ Female

Citizenship:
☐ South African
☐ Other*

*Specify

Residential address: (Separate address line by means of a comma, e.g. 28 Amandel Drive, Amandelsig, Kuils River)

Postal code:

Postal address: (Only fill in if different from residential address)

Postal code:

Applicant's telephone number during normal office hours:

Cell phone number:

Fax number:

Dialling code Number
Dialling code Number
Dialling code Number

E-mail address:

B. PARTICULARS OF NEAREST RELATIVE/GUARDIAN**PARENT/GUARDIAN OCCUPATION**

--

Kinship with applicant

<input type="checkbox"/>	Father
<input type="checkbox"/>	Mother
<input type="checkbox"/>	Guardian
<input type="checkbox"/>	Other (specify)

Person's title

<input type="checkbox"/>	Mr
<input type="checkbox"/>	Mrs
<input type="checkbox"/>	Miss
<input type="checkbox"/>	Other (specify)

Surname:

Initials:

Residential / Postal address:

																									Postal code					Home telephone no:				
																									Dialling code and number									

C. TO BE COMPLETED BY LEARNERSHIP APPLICANTS CURRENTLY EMPLOYED IN THE AGRICULTURAL SECTOR

Employer's address:

																									Postal code					Home telephone no:				
																									Dialling code and number									

D. PARTICULARS OF FARM/LAND FOR PRACTICAL/WIL (An official letter from the Farm must accompany this application)Name of Farm:

Farm address:

Cell phone number:

 Fax number:

Dialling code Number

E-mail address:

E. PRELIMINARY REPORT REGARDING PROSPECTIVE STUDENT**E.1 Instructions:**

- 1 This report must be completed by present matriculants themselves, as well as those who have already matriculated.
- 2 Persons who have studied at other colleges or universities, need not complete the school subject particulars, but must attach a copy of their school-leaving certificate to the application form before returning it. It is essential that the school name and matric year be indicated.
- 3 Present scholars must attach their original Grade 10/11 report / a certified copy as well as a certified copy of their ID document.
- 4 Persons who have completed their studies must attach a certified copy of their school-leaving certificate to the completed report form.

E.2 School recordName of school:

School's address:

School's telephone no

Dialling code

Number

Year in which senior certificate has been/will be obtained:

Matric exemption: ☐ Yes ☐ No

School subjects (Languages: Please indicate whether first or second language)

Year	School subject name	Standard HG/SG	Present scholar: Mark end Grade 11			Scholar who has completed studies	
			Actual mark		Total	Symbol	Office use
				Out of			
				Out of			
				Out of			
				Out of			
				Out of			
				Out of			
				Out of			
Total / average symbol				Out of			

Statement:

I/We hereby state that the marks and/or symbols provided on this report form are correct.

.....
Applicant

.....
Principal (Only applicable to matriculants)

.....
Date

Please note:

- 1 The information on this page must, in the case of scholars, be checked and/or furnished by the Principal.
- 2 Should you, on the strength of inter alia the above statement, be provisionally informed that your admission as a student would be in order, it would be done in good faith and on the distinct understanding that ultimately you will have to meet all the requirements set by the Institute for admission and registration before your admission can be finally approved.
- 3 Documents as prescribed in B.1 above must be attached.

School stamp

F. ACTIVITIES AFTER THE SCHOOL YEARS

Give full particulars of each year after matric before enrolment at Elsenburg (academic and non-academic)

Period				Name of University/Technikon/College, etc. Or non-academic activity, e.g. work, overseas, etc.	Name of degree / diploma / certificate / farm	Study completed Yes / No	Student Number
From	To						
Month	Year	Month	Year				

G. ACCOMMODATION

Do you want to be considered for accommodation at Elsenburg hostel?

☐ Yes ☐ No

H. MEDICAL PARTICULARS

Do you suffer from any of the following? (information required for the benefit of disadvantaged persons.)

☐ Bad eyesight ☐ Cerebral palsy ☐ Other (specify)

☐ Deafness ☐ Speech defect

Do you make use of a wheelchair? ☐ Yes ☐ No

I. AGREEMENT

Undertaking by applicant:

I hereby state / Undertake

- (a) that the information furnished by me in this application form is true and correct;
- (b) that I understand that the Institute is entitled to cancel my enrolment if it should appear that the particulars furnished in this application form are incorrect in any respect;
- (c) that I have acquainted myself as to, and in future will keep myself acquainted with regard to the contents of the Institute's regulations and rules as approved from time to time by the Departmental Head or by any other authorised body or person attached to the Institute;
- (d) that I commit myself to comply with all the regulations mentioned in (c) above during all my study years, as well as the amendments or substitutions thereof;
- (e) that I agree not in any manner to bring any action whatsoever against the Institute or any one of its employees, and not to hold the Institute responsible for any damage or loss which I personally, or as far as any of my possessions are concerned, may suffer and which directly or indirectly may result from my participation during my study years at the Institute in any activity of whatever nature, which may be related to my study or training, or sport or recreation of whatever nature, irrespective of the manner in which such damage or loss may occur, and that I will participate in any of the mentioned activities at my own risk and accept the risk attached to it voluntarily;
- (f) that I authorise the Institute, should I require urgent medical treatment, to obtain suitable medical assistance, and I accept the responsibility for payment of the costs so incurred;
- (g) That I commit myself to the prompt payment of all study, tuition, accommodation and other fees raised from time to time by the Institute during my period of study;
- (h) to pay all the Institute's legal costs if I should fail to meet any of my financial obligations mentioned in (g);
- (i) to pay all study fees upon registration. Postponement for a maximum of 30 days may be allowed, after which time interest at current government rates will be raised on all outstanding amounts;
- (j) I HEREBY CONSENT TO THE PROCESSING OF THE PERSONAL INFORMATION AND SPECIAL PERSONAL INFORMATION IN THE CASE OF A MINOR PROVIDED IN THIS DOCUMENT FOR THE PURPOSES OF AN APPLICATION FOR ADMISSION TO STUDY AT THE WESTERN CAPE GOVERNMENT'S ELSenburg AGRICULTURAL TRAINING INSTITUTE.

Applicant's signature:

Date:

Undertaking by parent or guardian:

(This portion must be completed by the parent or guardian of a minor applying for admission to the Institute)

I hereby state

- (a) that I have acquainted myself as to, and consent to the undertaking above, and state that the particulars given by him/her on this application form are true and correct;
- (b) that I in particular agree that my child/ward under age bind himself/herself to comply during all his/her study years with the regulations and rules of the Institute as approved from time to time by the Departmental Head or any other authorised body or person attached to the Institute;
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.....
Parent's/Guardian's signature

.....
Capacity (father/mother/guardian)

.....
Date