

# APPLICATION FORM



## PERSONAL DETAILS

Surname:	<input type="text"/>	Title:	<input type="text"/>	Gender:	<input type="text"/>	<input type="text" value="Male"/>	<input type="text" value="Female"/>		
First Names:	<input type="text"/>	Initials:	<input type="text"/>	Language:	<input type="text"/>				
Date Of Birth:	<input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="DD"/> <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="MM"/>	Race:	<input type="text" value="Black"/>	<input type="text" value="White"/>	<input type="text" value="Coloured"/>	<input type="text" value="Indian/Asian"/>	<input type="text" value="Other"/>		
Identity/passport No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nationality:	<input type="text"/>
Home Language:	<input type="text"/>	Religion:	<input type="text"/>					<b>PARENT/GUARDIAN:</b>	

Residential Address:	<input type="text"/>	Surname:	<input type="text"/>		
<input type="text"/>	<input type="text"/>	First Name:	<input type="text"/>		
Postal Code:	<input type="text"/>	Relationship:	<input type="text"/>		
Postal Address:	<input type="text"/>	Tel (w):	<input type="text"/>	Cell:	<input type="text"/>
<input type="text"/>	<input type="text"/>	Residential Address:	<input type="text"/>		
Postal Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tel No:	<input type="text"/>	Fax No:	<input type="text"/>		
Cell No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E- Mail:	<input type="text"/>				

## Educational Details:

Institution Attended:	<input type="text"/>
Qualification/certificate/etc:	<input type="text"/>
Year Obtained	<input type="text"/>
Skills Acquired (if Any)	<input type="text"/>
Details:	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## EMPLOYMENT DETAILS:

Company:	<input type="text"/>
Position:	<input type="text"/>
Postal Address:	<input type="text"/>
<input type="text"/>	<input type="text"/>
Postal Code:	<input type="text"/>
Contact Person:	<input type="text"/>
Tel (w):	<input type="text"/>
Fax:	<input type="text"/>
Cell:	<input type="text"/>

## DECLARATION

I \_\_\_\_\_ hereby declare that the information given above is legitimate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PROGRAMME INFORMATION

Programme	<input type="text"/>	Total course fees:	<input type="text"/>
Duration	<input type="text"/>	Full Time:	<input type="text"/>
		Part Time:	<input type="text"/>
Modules	1	4	Additional modules
	2	5	
	3	6	

I hereby confirm that that I received the appropriate advice in respect of the above programme and the decision to undertake the programme is mine/my choice.

\_\_\_\_\_  
Learner Signature

\_\_\_\_\_  
Parent, Guardian if learner is under 18 years of age

## Rules of Registration

1. Once a learner is registered by Bristol Health Academy he/she is bound on and cannot cancel the registration unless it is cancelled by the institution and the full cancellation procedure must be followed.
2. If a learner stop attending classes for any reason whatsoever he/she will be liable for the full payment of the standing fees.
3. A non-refundable administration fee of Five hundred Rand (R 500) is payable on all programs.
4. Learner may not start attending classes until the deposit amount towards a specified course is paid.

## Code of Conduct

1. No alcohol is allowed within the promises of the institution.
2. No engagement of learners in any kind of violence, threats or carrying of any weapon.
3. No eating, drinking or smoking within the prohibited areas in the institution.
4. Mishandling of the institution property or assets is prohibited.
5. Verbal abuse to a staff member or learner is not allowed.
6. Medium of instruction during classes is strictly English.
7. Learners must approach the campus administration/lecturer in case of any uncertainty.
8. Learners using any computer or facilities of the institution should be under supervision of the course administration.
9. Learners are not allowed to be in possession of any illegal substances such as drugs.
10. It is the condition of enrolment that learners abide by the institution code of conduct

## Agreement

1. This document server as an agreement between parties and no indulgence granted by the institution will be deemed to be a waiver of any rights of the institution or operate as an estoppel.
2. No variation of consensual cancellation of this agreement will have any force or effect unless reduced to writing and signed by all parties
3. The learner/Parent/Guardian shall be liable for all legal costs and charges on an attorney and client scale incurred by the institution.
4. In the event of any court proceeding being instituted by Bristol Health Academy against the learner then, by signing hereto, the learner consent to any proceedings which may be instituted in the Magistrate court has the jurisdiction.
5. Bristol Health Academy reserves the right to cede the debt and collection of fees to a Finance House or other institution.

PARENT/GUARDIAN

I, \_\_\_\_\_ being over the age twenty one (21) the parent/guardian of \_\_\_\_\_ ID no (Parent /Guardian \_\_\_\_\_

hereby enter into this agreement with the institution on behalf of \_\_\_\_\_ as a parent/guardian I agree with the registration from.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_