



# NQF 7 Advanced Diploma in Supply Chain Management | 120 Credits

## Application Form

PROVISIONAL REGISTRATION CERTIFICATE NO.: 2014/HE07/007

Mode of Delivery: Distance Learning

Campus: Cape Town

PLEASE ENCLOSE THE FOLLOWING WITH YOUR APPLICATION FORM:

- |  |  |
|--|--|
| <input type="checkbox"/> 1. A certified copy of your identity document | <input type="checkbox"/> 3. Certified copies of all qualifications |
| <input type="checkbox"/> 2. Letter of Application                      | <input type="checkbox"/> 4. Curriculum Vitae                       |

You may be required to provide additional supporting documentation.

### PERSONAL INFORMATION OF THE APPLICANT

Surname: ..... Initial(s): .....

First name(s): ..... Title: .....

Preferred name: .....

ID number: ..... DOB: .....

Nationality: South Africa  Other (please specify): .....

Gender: Male  Female

Race: B  W  C  I

Disability: N  Y  Description: .....

Home language: .....

Other language(s): .....

Home address: .....

Postal address: .....

Province: .....

Municipality: .....

E-mail address: .....

Cell number: .....

Home number: .....

Current employer: .....

Manager name: ..... Current Position: .....

Manager e-mail: .....

Work tel: ..... Work fax: .....

Work address: .....

.....

Work postal address: .....

.....

When did you start work at your present company? DD / MM / YYYY

Dietary requirements: Halaal  Kosher  Vegetarian  Diabetic  Other: .....

Medical conditions: Diabetes  Epilepsy  Heart condition  Allergies  Other

Please specify: .....

.....

YOU ARE REQUIRED TO HAVE ACCESS TO THE FOLLOWING:

- Computer
- Telephone
- E-mail
- Cellphone
- Internet at work and home
- iPad/tablet (optional)

Please note that full wifi-access is required at all times, and within a conducive learning environment, to access and interact with the qualification resources.

## TERTIARY QUALIFICATIONS

Certificate: ..... Date obtained: DD / MM / YYYY

Diploma: ..... Date obtained: DD / MM / YYYY

Degree: ..... Date obtained: DD / MM / YYYY

Other: ..... Date obtained: DD / MM / YYYY

## WORK EXPERIENCE (compulsory)

Place of employment:	Position held:	Start date:	End date (if applicable):
.....	.....	DD / MM / YYYY	DD / MM / YYYY
.....	.....	DD / MM / YYYY	DD / MM / YYYY
.....	.....	DD / MM / YYYY	DD / MM / YYYY
.....	.....	DD / MM / YYYY	DD / MM / YYYY

HOW DID YOU HEAR ABOUT OPTIMUM LEARNING TECHNOLOGIES? (mark with an X)

- Colleagues
  Family or friends
  Website
  Direct communication from Optimum

## TERMS AND CONDITIONS

- The Applicant warrants that:
  - The information provided in the application form is both true and correct.
  - All additional documentation provided is true and correct copies of the original.
  - He/she acquainted him-/herself with the curricula and the requirements of qualification for which he/she has applied.
- The Applicant must supply Optimum Learning Technologies with original documents or certified copies of all documents required in terms of the application.
- All Applicants are pre-registered and will undergo an academic and finance approval process. Once the respective requirements have been met, registration is completed and the student will be enrolled. At this time the Applicant (then "Student") will be subject to Optimum Learning Technologies' terms and conditions and the rules and regulations of the tertiary institution.
- Optimum Learning Technologies reserves the right to cancel a Student's registration, refuse the Student to write examination or withhold results, if payment is not effected as stipulated. Qualifications will not be issued if the account is not fully paid.
- It is the responsibility of the Student to avail him-/herself for all exam times and venues and/or programmes enrolled for.
- The examination centre is located at the Cape Town Campus. Should additional venues be made available, the student will be informed in advance.
- Should a student fail to gain entrance to the examination, the student will have to reregister for the Module in the next academic year. Re-registration costs of a module is aligned to the credit value of the module.
- If a student fails the examination and is required to write a supplementary or special examination, the student will be required to pay R825 or R1 100 respectively.

9. The total fee for this programme is R38 000, payable before the commencement of the programme or as per financial agreements with Optimum. The qualification comprises seven modules to be completed over a minimum period of 12 months.
10. A two (2)% fee is payable if a student chooses to withdraw from the qualification after he/she has been approved and within the first month of the qualification. The full fees will be payable if a student withdraws after the first month of the qualification.
11. Optimum Learning Technologies can provide textbooks at an additional cost.
12. All travel arrangements (flights, accommodation, car rental/shuttle) for voluntary sessions, examinations, supplementary examination and special examinations are not included in the fee for this qualification.
13. All amendments or adjustments the Applicant wishes to make to his/her application and/or enrolment must be done in writing within thirty (30) calendar days from the signature date on the application form.

## COMMERCIAL ARRANGEMENTS

Company trading name: .....

Company registration number: .....

VAT registration number: .....

Financial Manager: .....

Telephone number: .....

Email address: .....

Human Resource Manager: .....

Telephone number: .....

Email address: .....

Person responsible for invoices: .....

Telephone number: .....

Email address: .....

Person responsible for payment: .....

Telephone number: .....

Email address: .....

Do you require a Pro-forma Invoice:                      Yes                          No   

Do you issue a Purchase Order number:                      Yes                          No   

PO Number: .....

I, \_\_\_\_\_ (full names) warrant that the above information is true and correct. I confirm that I have read the terms and conditions below.

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

FOR OFFICE USE ONLY

**ACADEMIC APPROVAL:** Approved  Declined  Signature: \_\_\_\_\_ Date: DD / MM / YYYY

**COMMENTS:**

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