

## **Application** Form

SAQA Registered Qualification ID 91759

Mode of Delivery: Distance	ce Learning					Campus: Cape	Town
A certified copy of you A certified copy of you or an equivalent	ur identity docume	nt	3. Certified cop			is	
PERSONAL INFORM	MATION OF T	HE APPLICA	NT				
Surname:					Initial(s):		
First name(s):					Title:		
Preferred name:							
ID number:	•••••				DOB:		
Nationality:	South Africa	Othe	r (please specify	y):			
Gender:	Male		Female				
Race:	В	W	С	ı			
Disability:	N	Υ	Description:				
Home language:							
Other language(s):							
Home address:							
Postal address:							



Province:

Municipality:

E-mail address:				
Cell number:				
Home number:				
Current employer:				
Manager name:			Position:	
Manager e-mail:				
Work tel:			Work fax:	
Work address:				
Work postal address:				
When did you start wo	ork at your present co	mpany? DD/MM/Y		
Dietary requirements:	Halaal Kosher	Vegetarian Dia	betic Oth	er:
Medical conditions:	Diabetes Epilep	sy Heart condition	Allergies	Other
Please specify:				
	I HAVE ACCESS	TO THE FOLLOWING (mark	with an X)	
Computer		E-mail		iPad
WAP-enabled cellpho	ne	Telephone		Television
Facebook		Cellphone		Internet

Please note that full wifi-access is required at all times and within a conducive learning environment. The ability to access and download material, video's as and when required is critical for success on this programme.



## SCHOLASTIC AND PREVIOUS 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):				
HOWE	DID YOU HEAR ABOUT OPTIMUM LEA	RNING TECHNOLOG	GIES? (mark with an	X)				
Colleagues	Family or friends	Website		t communication Optimum				

## TERMS AND CONDITIONS

- 1. 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 curriculum, the requirements and qualifications of the programme enrolled for.
- 2. The Applicant must supply Optimum Learning Technologies with original documents or certified copies of all documents required in terms of the application.
- 3. All Applicants are pre-registered and will undergo an academic and finance approval process. Once the respective requirements have been met, registration is completed, at which time the Applicant (then "Student") will be subject to Optimum Learning Technologies' terms and conditions and the rules and regulations of the tertiary institution.
- 4. All amendments or adjustments the Applicant wishes to make to his/her application and/or enrolment must be done in writing within 30 (thirty) calendar days from the signature date on the application form.
- 5. 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.
- 6. It is the responsibility of the Student to avail him-/herself of all exam times and venues and/or programmes enrolled for.
- 7. The total fee for this programme is R48 000, payable before the commencement of the programme. The qualification comprises seven modules to be completed over a 12 month period.



## **COMMERCIAL ARRANGEMENTS**

Company trading name:							
Company registration number:							
VAT registration number:							
Financial Manager:							
Telephone number:							
Email address:							
HR 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 Purchases Order num	ber:	Yes		No			
PO Number:							
I,information is true and correct. I con	firm that I ha	ave read t		(full names)		hat the	above
inionnation is five and conect. I con	iiiii iiidi i iic	ive iedd ii	ie ieiilis	ana coname	nis Delow.		
Signature:		Date:					





FOR OFFICE USE ONLY						
ACADEMIC APPROVAL:	Approved	Declined	Signature:	Date: DD / MM / YYYY		
COMMENTS:						

Cape Town

1st Floor, Block D Belvedere Office Park Bella Rosa Street Rosenpark 7468

tel: (021) 914-2127 fax: (086) 292-0169

Durban

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tel: (031) 202-9436/7/8 fax: (031) 202-5157

www.optimumlearn.com

**Johannesburg** 

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tel: (011) 678-6199 fax: (011) 678-8258

Provisionally registered with the Department of Higher Education and Training until (date) as a private higher education institution under the Higher Education Act, 1997 – Provisional Registration Certificate No.: 2014/HE07/007



