

COLLEGE OF KUILSRIVER (Pty) Ltd

FURTHER EDUCATION AND TRAINING (FET)

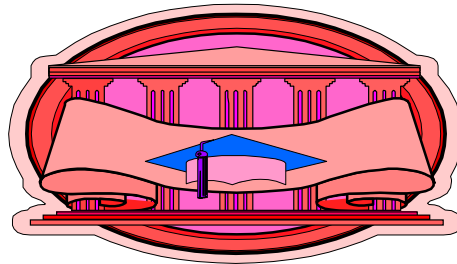
Reg. No. 2007/001673/07, Vat Reg. 4820228999

90 Van Riebeeck Rd, 1st Floor Omnicron Building, Kuilsriver 7580

Tel: (021) 906-1000/ Fax: (021) 906-1333/ E-mail: info@collegekuilsriver.com

ISETT SETA ACCREDITATION ACC/2007/01/221

Website: www.collegekuilsriver.com DEPARTMENT OF EDUCATION REG. 2007/FE07/021



“Learn To Lead”

APPLICATION/REGISTRATION

NATIONAL CERTIFICATE: INFORMATION TECHNOLOGY

CURRICULUM GET SENIOR PHASE (GRADE 7-9) - INFORMATION TECHNOLOGY

CURRICULUM NQF LEVEL 2 -END USER COMPUTING (DESKTOP SUPPORT)

CURRICULUM NQF LEVEL 3 -END USER COMPUTING (DESKTOP SUPPORT)

CURRICULUM NQF LEVEL 4 -END USER COMPUTING (TECHNICAL SUPPORT)

CURRICULUM NQF LEVEL 5 -END USER COMPUTING (SYSTEMS SUPPORT)

FOR OFFICE USE:

Part Time (P) Full Time (F)

Student Name: _____ Student Number:

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Starting Level/Grade _____ Year _____ End Level/Grade _____ Year _____

Admission Fee: R _____ Deposit R _____ Bill No: _____

Highest qualification ID/Birth Certificate Proof of Residence



APPLICATION/REGISTRATION FORM

IMPORTANT: Applicants must ensure that they read and understand all instructions, policies and procedures upon completion of this application/registration document.

PERSONAL INFORMATION: STUDENT

Surname: _____ First Names: _____ Female Male

ID Number:

| | | | | | | | | | | | | | | | | | | | |
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Date of Birth [DD/MM/YY]: _____ Place of Birth: _____

Full Address: _____
Postal Code: _____

Home Telephone: (____) _____ Cell Phone or Other Contact No: _____

Work Telephone: (____) _____ E-mail: _____

Language(s) spoken at home: _____ Preferred language of communication: English Afrikaans

PARENT OR GUARDIAN DETAILS: If learner is a Minor (Under the age of 21 years)

Guardian Father Mother Other: State the relationship _____

Full Name: _____ Surname: _____

Occupation: _____ ID No:

| | | | | | | | | | | | | | | | | | | | |
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Full Address: _____

Work Tel: (____) _____ Mobile: _____

REFERENCE DETAILS: Details of at least two persons not living with you

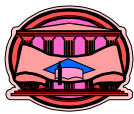
1st Person State the relationship _____ **2nd Person** State the relationship _____

Full Name: _____ Full Name: _____

Occupation: _____ Occupation: _____

Full Address: _____ Full Address: _____

Phone: (____) _____ Phone: (____) _____



INSTRUCTIONS FOR ALL APPLICANTS:

1. Ensure your application form is fully completed, signed and dated.
2. Write in black or blue ink in the space provided.
3. Course Material will be at an additional cost and must be paid for before the class commences.
4. All applications will only be approved upon the receipt of valid or certified: results, identity, and proof of address or any other required documents, registration and class fees payment.
5. This is a legal binding contract between the student and the College and under no circumstances will we divulge any information to a third party unless the student is a minor.

WHERE DID YOU HEAR ABOUT COLLEGE OF KUILSRIVER?

| | | | | |
|---|---|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Posters/Flyers | <input type="checkbox"/> Tygerburger | <input type="checkbox"/> University | <input type="checkbox"/> School |
| <input type="checkbox"/> Pass By | <input type="checkbox"/> Website | <input type="checkbox"/> Die Agie | <input type="checkbox"/> A Friend | <input type="checkbox"/> Our Students |
| <input type="checkbox"/> Other Please Specify _____ | | | | |

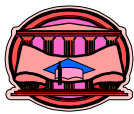
I certify that the information provided on this application form and in the accompanying documentation is true, accurate and complete. I have read the instructions and agree to be bound by all of them.

SIGNATURE PARENT/GUARDIAN: _____
(If learner is under the age of 21)

DATE: ____/____/____
 dd / mm / yyyy

SIGNATURE LEARNER: _____

DATE: ____/____/____
 dd / mm / yyyy



WITHDRAWAL AND REFUND POLICY

Note: Please read and understand the following Withdrawal and Appeals Policies and Procedures:

- Students who officially withdraw from the COLLEGE OF KUILSRIVER before the first day of the College calendar year will receive a 70% reduction in their charges (refer to contract agreement signed)
- Students who officially withdraw from the COLLEGE OF KUILSRIVER before the end of the 1st quarter will receive a 50% reduction in their charges (refer to contract agreement signed)
- Students who officially withdraw from the COLLEGE OF KUILSRIVER after 1st quarter will receive no reduction in their charges (Refer to contract agreement signed)
- All withdrawals must be processed by the organisation's administrator.

REFUND POLICY

- Training fees are refundable only by processing a cancellation of enrollment or change of program application and are entirely at the option of the organisation.
- Informing your facilitator does not constitute withdrawal from the course.
- Admission fee and Application are Non-Refundable.
- No Cancellation will be granted to students who enrolled in the 2nd semester of the academic Year.

WITHDRAWAL AND REFUND PROCEDURE

- If students wish to withdraw from any course, for which they are registered they are held accountable for notifying the organisation in accordance with the withdrawal and refund policy.
- Learners have to notify the facilitator and the organisational administrator. The learner needs to complete a withdrawal form that will be revised by management, in order to determine the refund that the learner receives, if any.

THE RESPONSIBILITY FOR WITHDRAWAL FROM COURSES RESTS WITH THE STUDENT.

- A withdrawal form cannot be processed if a student has an outstanding balance due to the organisation.
- Facilitators will not withdraw students except as outlined under the withdrawal policy. In most cases, students who stop attending without withdrawal will result in receiving an "incomplete" for the course

IN ORDER TO AVOID FAILURE OF THE COURSE, STUDENTS MUST FOLLOW THE PROCEDURES SPECIFIED BELOW:

- Consult the Course Outline to determine whether the withdrawal date is before or after the midpoint of the course.
- Obtain a Withdrawal Form from the Organisational Administrator.
- Confer with the course facilitator or Operations Director to determine if withdrawal can be avoided;
- this individual should sign the Withdrawal Form if withdrawal is found to be the only solution.
- Obtain a signature from the Accounts Department if required.
- Submit withdrawal form with all required signatures to the college.

LEARNER, CUSTOMER AND STAKEHOLDERS' APPEALS POLICY

The College of Kuilsriver is committed to providing quality training, service and achieving the highest standards of conduct. One of the ways in which we can continue to improve our service and training is by listening and responding to the views of our learners, customers and stakeholders.

Therefore we aim to ensure that:

- Making an appeal is as easy as possible;
- We treat all appeals as any clear expression of dissatisfaction with our training/service which calls for a response ;
- We treat it seriously whether it is made by person, by telephone, by letter, by fax or by e-mail;
- We deal with it promptly, politely and where appropriate informally (for example by telephone);
- We respond with an explanation or an apology where we have got things wrong or information on any action taken etc.
- We learn from appeals, use them to improve our training and service;

LEARNER, CUSTOMER AND STAKEHOLDERS' APPEALS PROCEDURE

It is the policy of College of Kuilsriver to ensure that any customer appeal / complaint is dealt with in a professional and timely matter.

Appeals / complaints whether received in person, writing or by telephone will be acknowledged within 14 days of receipt.

In cases where this will not be possible, an acknowledgement will be issued as soon as possible.

This acknowledgement will indicate the name and contact details of the person dealing with the appeal / complaint and the estimated time scale for a full reply.

The appeal / complaint will be fully investigated by College of Kuilsriver and a full response will be provided.

While the investigation of any appeal / complaint is ongoing, regular updates will be provided at intervals.

College of Kuilsriver will provide feedback to the complainant within 7 days of the completion of the investigation outlining the outcome of the investigation and if appropriate, explaining the terms of any offers of settlement.

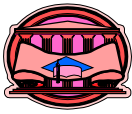
I certify that the information provided on this application form and in the accompanying documentation is true, accurate and complete. I have read the rules, regulations policies and procedures and agree to be bound by all of them.

SIGNATURE PARENT/GUARDIAN: _____
(If learner is under the age of 21)

DATE: ____/____/____
dd / mm / yyyy

SIGNATURE LEARNER: _____

DATE: ____/____/____



PAYMENT AGREEMENT CONTRACT

Honest, open relationships with our customers are of utmost importance to College of Kuilsriver (Pty) Ltd. To ensure that a solid foundation is laid, we require the completion of all details on the Payment Agreement Contract. The Contract is a legal agreement between the student, the person reliable for payment of the account (if other than the student) and the College of Kuilsriver (Pty) Ltd.

Student Name: _____ Student ID Number:

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DETAILS - PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT

| | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Other: State the relationship _____ | | | | | | | | | | | | | | | | | | | | |
| Full Name: _____ | | Surname: _____ | | | | | | | | | | | | | | | | | | | | | |
| Occupation: _____ | | ID Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Full Address: _____ | | Mobile Number: _____ | | | | | | | | | | | | | | | | | | | | | |
| Employer: _____ | | Home Number: (_____) _____ | | | | | | | | | | | | | | | | | | | | | |
| | | Work Number: (_____) _____ | | | | | | | | | | | | | | | | | | | | | |

Please check the appropriate box ()

| YEAR | GET Grade or FET LEVEL | Programme Fee/Year | Full Payment Deposit | Admission Fee | Monthly Payment | () |
|--------------|------------------------|--------------------|----------------------|---------------|-----------------|-----|
| Year 1 | | | | | | |
| Year 2 | | | | | | |
| Year 3 | | | | | | |
| Total | | = R _____ | | | | |

Programme fees available on request

TERMS AND CONDITIONS:

1. Payment of the client is to be made as per the agreed arrangement before or on the last day of each month (unless otherwise agreed to in writing).
2. College of Kuilsriver reserves the right to charge a 10% penalty fee on overdue and late payment accounts compounded on outstanding balance.
3. College of Kuilsriver reserves the right to amend the agreement on failure of client to adhere to the payment agreement.
4. Refer to Refund Policy for Withdrawal from Programme.
5. College of Kuilsriver has the right to amend the Payment agreement in breach of contract.

I certify that the information provided on this application form and in the accompanying documentation is true, accurate and complete. I have read the terms and conditions, and agree to be bound by all of them.

SIGNATURE: _____

DATE: ____/____/____
dd / mm / yyyy



Please check the appropriate box ()

PAYMENT OPTIONS: Year 1

Total Payment on Registration:

Option 1: Full payment of programme fee before the commencement of the programme
AMOUNT: _____ (PAYABLE ____/____/____) Additional Bridging _____
dd / mm / yyyy

Option 2: A Deposit payment before the commencement of the programme and monthly payments over a period of 11 months.
DEPOSIT AMOUNT: R _____ (PAYABLE ____/____/____)
dd / mm / yyyy
MONTHLY PAYMENT AMOUNT: R _____ (FROM 31ST JANUARY 2008-30TH NOVEMBER 2008)

Note: Admission Fee - R _____ compulsory (Due 31st Oct 2008).

PAYMENT OPTIONS: Year 2

Option 1: Full payment of programme fee before the commencement of the programme
AMOUNT: _____ (PAYABLE 30TH NOVEMBER 2008)

Option 2: A Deposit payment before the commencement of the programme and monthly payments over a period of 11 months.
DEPOSIT AMOUNT: R _____ (PAYABLE ____/____/____)
dd / mm / yyyy
MONTHLY PAYMENT AMOUNT: R _____ (FROM 31ST JANUARY 2009-30TH NOVEMBER 2009)

Note: Admission Fee R _____ - compulsory (Due 31st Oct 2009).

PAYMENT OPTIONS: Year 3

Option 1: Full payment of programme fee before the commencement of the programme
AMOUNT: _____ (PAYABLE 30TH NOVEMBER 2009)

Option 2: A Deposit payment before the commencement of the programme and monthly payments over a period of 11 months.
DEPOSIT AMOUNT: R _____ (PAYABLE ____/____/____)
dd / mm / yyyy
MONTHLY PAYMENT AMOUNT: R _____ (FROM 31ST JANUARY 2010-30TH NOVEMBER 2010)

Note: Admission Fee R _____ - compulsory (Due 31st Oct 2010).

Signature of payer: _____

Date: ____/____/____
dd / mm / yyyy

