

# APPLICATION FORM



**hugonote kollege**

Waar Christenwees grondvat in opleiding

## GENERAL INFORMATION

PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THIS APPLICATION FORM.

### 1. GENERAL

- 1.1 This form must be completed by all prospective students applying to Hugonote Kollege. The form must be correctly filled out and all required documentation be signed and included with the application before it will be considered.
- 1.2 The application form must be signed by the applicant and the legal guardian.
- 1.3 Please ensure that this form is completed in full and that copies of all supporting documentation are enclosed. The application will not be considered if the form is not correctly filled out, signed and required documents are not attached.
- 1.4 Hugonote Kollege reserves the right at its sole discretion, to cancel or amend any course or module initially advertised and offered, on the basis of insufficient demand or where available facilities and infrastructure have reached maximum capacity. In the case where a course or module have reached its maximum capacity, prospective students will be allowed to register for an alternative course depending on the availability of that course.
- 1.5 Hugonote Kollege offers Seta accredited certificate courses complying with the standards of South African Qualification Authority (SAQA). Courses are presented during a minimum period of twelve (12) months. The intern theoretical and practical components of the courses presented by the College staff are followed by an external verification process conducted by the relevant Seta who is then also responsible for the issuing of the certificates to competent students. The Hugonote Kollege has no control over the time frame of the external Seta processes and the issuing of the certificates.

### 2. ADMISSION REQUIREMENTS

Please refer to the Hugonote Kollege Prospectus for information on admission requirements.

- 2.1 All candidates who comply with the minimum requirements are still subjected to selection procedures.
- 2.2 Hugonote Kollege offers the opportunity for individuals to apply for admission to the College based on Recognition of Prior Learning (RPL).

### 3. DOCUMENTS TO BE SUBMITTED WITH YOUR APPLICATION FORM

- 3.1 Four (4) certified copies of the first page of your Identity Document.
- 3.2 Four (4) certified copies of your highest qualification.
- 3.3 Four (4) certified copies of marriage/divorce certificate if applicable.
- 3.4 Should the name and or date of birth on the Senior Certificate or equivalent qualification differ from the name on the application form or ID, proof must be provided to explain the change in name. If proof of differences in name and or date is not provided this will disqualify the
- 3.5 application.
- 3.6 International prospective students must also meet the requirements set out in paragraph 4 below.
- 3.7 One (1) certified copy of the first page of the Identity Document of the person responsible for your student fees.  
Proof of residential address.

### 4. INTERNATIONAL PROSPECTIVE STUDENTS (NON SOUTH AFRICAN CITIZENS)

- 4.1 Four (4) certified copies of your passport must accompany this form. You are required to produce a valid study permit before you will be permitted to register.
- 4.2 Non-RSA qualifications: The onus rests with all international applicants to have their school qualifications evaluated by SAQA before submitting this application form. SAQA can be contacted at: Postnet Suite 248, Private Bag, Waterkloof, 0145. Tel. +27 +12 431 5000/+27 86 010 3188).
- 4.3 School-leaving certificate (with English translations where necessary).



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## 5. PROGRAMME COSTS

Please refer to the Fees Schedule. (see attached cover letter)

## 6. CHANGE OF ADDRESS AND CONTACT DETAIL

The College must be notified immediately of any change of address (postal or physical) after submission of the form.

## 7. LANGUAGE POLICY

All lectures and communication from the College will be available in both English and Afrikaans. Students may use any of these two languages of their choice for these purposes.

## 8. ACKNOWLEDGEMENT OF APPLICATION

Should receipt of your application form not be acknowledged within four weeks of posting/submission, enquiries must be made at the department of Student Administration of Huguenote Kollege.

## 9. CANCELLATION OF APPLICATION

The College must be notified immediately if this application is cancelled or changed prior to registration.

## 10. SEPARATE LETTERS

Kindly note that you will be notified of the outcome of your academic and residence application.



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Please indicate your first and second choice of studies:

First choice

Second choice

Please indicate which intake you are applying for:

Please indicate the learning site you are applying for:

## 1. PERSONAL DETAILS OF APPLICANT

Please write one letter per block, starting in the first block. Leave one block open between names. Mark your particulars with an "X" where appropriate.

Title

Initials

Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name (1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Name (2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Name (3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth

Gender

Identity Number

Passport Number

Marital Status

Preferred language for correspondence	<input type="text" value="English"/>	<input type="text" value="Afrikaans"/>
Preferred way of communication	<input type="text" value="E-Mail"/>	<input type="text" value="Postal"/>

Work Phone Number (include country and area code if outside South Africa)

Phone Number (include country and area code if outside South Africa)

Fax Number (include country and area code if outside South Africa)

Mobile Number (include country and area code if outside South Africa)

E-Mail Address

Residential Address

Postal Address

Postal Code

Postal Code

Local Municipality

Area/District Municipality  Postal Code



# APPLICATION FORM



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## 2. CONTACT DETAILS OF NEXT OF KIN / GUARDIAN

Title  Mr  Ms  Mrs  Other

Initials

Surname   
First Name (1)   
Second Name (2)   
Third Name (3)

Phone Number (include country and area code if outside South Africa) Fax Number (include country and area code if outside South Africa) Mobile Number (include country and area code if outside South Africa) E-Mail Address

Residential Address:  Postal Address:   
   
   
Postal Code:  Postal Code:

## 3. SECONDARY EDUCATION

Please provide details and a copy of highest academic achievement / last official school report/Senior Certificate.

Year of Completion:  Name of School:   
Country:  City:

## 4. TERTIARY EDUCATION

Please provide details of previous tertiary education – (eg. College, University, etc.)

Institutions	Course/Qualification	Year completed
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 5. CITIZENSHIP AND RESIDENCY

If you are a South African Citizen, ignore below.

I hold Permanent Resident status in South Africa.  I am an overseas student with a Temporary Entry Permit and currently residing in South Africa.  
 I am applying for a Study Permit  I hold Refugee status in South Africa.

What country do you hold citizenship for?

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## 6. CONTACT DETAILS AND LEGAL UNDERTAKING OF PERSON/INSTITUTION RESPONSIBLE FOR PAYING THE COLLEGE

Payment studies?

Self	<input type="checkbox"/>
Parents/Next of kin/Guardian	<input type="checkbox"/>
Private loan/Bursary	<input type="checkbox"/>

**Title**

Mr	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Other	<input type="checkbox"/>
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**Initials**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name (1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Name (2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Name (3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Identity Number**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Passport Number**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Preferred language for correspondence

English	Afrikaans
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Preferred way of communication

E-Mail	Postal
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Phone Number (include country and area code if outside South Africa)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Fax Number (include country and area code if outside South Africa)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile Number (include country and area code if outside South Africa)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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E-Mail Address:

Residential Address:  Postal Address:

Postal Code:

Postal Code:

May we send you important information via

Email	Postal
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I, THE UNDERSIGNED,  (name and surname)  
 HEREBY ADMIT THAT I,  (parent/legal guardian)  
 am jointly and severally responsible for monies, which the above applicant may at any stage owe to Hugonote Kollege in terms of this agreement that  
 he/she concludes with the College. Please send all statements/invoices to the person indicated as responsible for paying the College.

Signature of parent or legal guardian

Date

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## 7. STATISTICAL INFORMATION

\*Please note that this question is asked to allow the institution and the Government to track progress in the transformation of tertiary education.

### Ethnic Group\*

African  Coloured  Indian/Asian  White  Other

### Home Language

English	<input type="checkbox"/>	Afrikaans	<input type="checkbox"/>	sePedi	<input type="checkbox"/>
seSotho	<input type="checkbox"/>	seTswana	<input type="checkbox"/>	siSwati	<input type="checkbox"/>
tshiVenda	<input type="checkbox"/>	isiXhosa	<input type="checkbox"/>	xiTsonga	<input type="checkbox"/>
isiZulu	<input type="checkbox"/>	isNdebele	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Other	<input type="checkbox"/>	If other, specify	<input type="checkbox"/>		

### Socio Economic Status

Unspecified	<input type="checkbox"/>	Employed	<input type="checkbox"/>
Unemployed – looking for work	<input type="checkbox"/>	Not working – not looking for work	<input type="checkbox"/>
Not working – housewife/homemaker	<input type="checkbox"/>	Not working – scholar/full time student	<input type="checkbox"/>
Not working – pensioner/retired person	<input type="checkbox"/>	Not working – disabled person	<input type="checkbox"/>
Not working – not wishing to work	<input type="checkbox"/>	Not working – none of the mentioned	<input type="checkbox"/>

### Home Province (South Africans only)

Limpopo	<input type="checkbox"/>	Western Cape	<input type="checkbox"/>	Eastern Cape	<input type="checkbox"/>
Northern Cape	<input type="checkbox"/>	Free State	<input type="checkbox"/>	Kwazulu Natal	<input type="checkbox"/>
North West	<input type="checkbox"/>	Gauteng	<input type="checkbox"/>	Mpumalanga	<input type="checkbox"/>

### Religious Affiliation (We need this information for learner support structures)

Anglican	<input type="checkbox"/>	Full Gospel	<input type="checkbox"/>	Other Protestant	<input type="checkbox"/>
Old Apostolic Church	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Pentecostal Protestant	<input type="checkbox"/>
Assemblies of God	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	Presbyterian	<input type="checkbox"/>
Baptist	<input type="checkbox"/>	Lutheran	<input type="checkbox"/>	Uniting Reformed Church	<input type="checkbox"/>
Roman Catholic	<input type="checkbox"/>	Methodist	<input type="checkbox"/>	New Apostolic Church	<input type="checkbox"/>
Church of Christ	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	None	<input type="checkbox"/>
Dutch Reformed Church	<input type="checkbox"/>	Nazarene	<input type="checkbox"/>	Seventh Day Adventist	<input type="checkbox"/>
Dutch Reformed Church in Africa	<input type="checkbox"/>	Reformed Churches in South Africa	<input type="checkbox"/>	NG Kerk	<input type="checkbox"/>
Apostolic Faith Mission (AGS)	<input type="checkbox"/>	Not Prepared To Divulge	<input type="checkbox"/>	Zion Christian Church	<input type="checkbox"/>
If other, specify	<input type="checkbox"/>				

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## 8. LEGAL UNDERTAKING

I, the undersigned, declare

1. I accept that incorrect or misleading information could lead to the cancellation of this application;
2. that I, together with my parent or guardian, will jointly and severally be responsible for the punctual payment of money due by virtue of my agreement with Hugenote Kollege and as determined by the Board of Directors of the College from time to time;
3. that I further undertake to pay all legal expenses of the College, should I fail to meet any obligations in respect of the payments mentioned above;
4. that I have acquainted myself, and will in future acquaint myself with the content of the rules, regulations and any amendments thereof of the
5. College as determined from time to time by the College;  
that I hereby indemnify the College against any claims arising from injuries that I may sustain and/or damage that I may suffer due to any event, injury, illness or death, resulting in whatever way, or consequential to my involvement with my practical training or my participation in any tours, excursions or transportation during my period of study at the College; and that I participate in any of the above mentioned activities on my own responsibility and voluntarily accept the risk involved;
6. that I am aware that my enrolment is valid only if it complies with the regulations governing the qualification concerned, notwithstanding the acceptance of this enrolment by the College;
7. that I accept that, if I abandon or change my qualification of study at any time, no cancellation or reduction of fees will be considered and that I will remain liable for the payment of all fees in full;
8. that I authorize the College, should I urgently require medical treatment, to obtain appropriate medical treatment, and in the event of an emergency, I request the College to give the necessary instruction that an operation be performed on me, but only if the medical practitioner deems it essential and it does not seem possible to communicate with my parent(s) or guardian beforehand.

Signature of applicant

Date



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## 9. WHERE TO SEND YOUR REGISTRATION APPLICATION

Address your registration application to:

The Registrar

Huguenote Kollege

P O Box 16

WELLINGTON

7654

## 10. CHECKLIST

Please note that the College will not consider incomplete applications. Before submitting your application, please check that you have done everything that applies to you, as shown on the list below.

We suggest you tick the box next to each point when you have checked it.

- Have you completed all sections of the form that apply to you?
- Have you signed the "Legal Undertaking" declaring that the information given is complete and correct?
- If you wish to be considered for a place in a residence, have you completed the appropriate form? (Applying for accommodation in a residence does not guarantee that you will be allocated a room in a residence.) Have you provided
- all the contact details requested in the form?
- Have you provided your ID number and attached four (4) certified copies of your ID document?
- Have you enclosed four (4) certified copies of your highest qualification?
- If you are already a learner of another tertiary education institution or if you have already studied at one, have you enclosed a detailed academic record and certificate of conduct from the most recent institution where you studied? Have
- you enclosed four (4) marriage certificates / divorce documents, if applicable.
- Proof of residence address.
- Have you enclosed one (1) certified copy of the the Identity Document of the person responsible for your student fees?
- Have you paid the R100 application fee into our bank account?





# APPLICATION FOR ACCOMMODATION



**hugonote college**  
Waar Christenwees grondvat in opleiding

## 1. ADDITIONAL INFORMATION

Name and Surname of student:	<input type="text"/>		
Father Cell no:	<input type="text"/>	Mother Cell no:	<input type="text"/>
Father's e-mail:	<input type="text"/>		
Home town:	<input type="text"/>	Parents married?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2. MEDICAL INFORMATION

Do you have any disabilities or long term medical conditions that may affect your studies?  Yes  No

If yes: Please indicate the area of impairment

Sight (even with glasses)	<input type="text"/>	Hearing (even with hearing aid)	<input type="text"/>
Communication (talking, listening)	<input type="text"/>	Physical (moving, standing, grasping)	<input type="text"/>
Intellectual (difficulties in learning) retardation	<input type="text"/>	Emotional (behavioural or psychological)	<input type="text"/>
<input type="checkbox"/> <input type="checkbox"/> Multiple <input type="checkbox"/>	<input type="text"/>	Disabled but unspecified	<input type="text"/>
Unknown disability status	<input type="text"/>		

Please specify condition/s:

  

Name of medical aid scheme	<input type="text"/>
Medical number	<input type="text"/>
Name of main member	<input type="text"/>
ID Number of main member	<input type="text"/>

Attach a copy of the medical aid card and ID of main member.

Without a Medical Aid Scheme, in case of an emergency, you will be taken to the nearest provincial hospital, for the account of your parent or guardian.



# APPLICATION FOR ACCOMMODATION



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## 3. LEGAL INDEMNITY AND UNDERTAKING - TO BE COMPLETED BY ALL APPLICANTS

(NB – Applicants under the age of 21 years must be assisted by their parents or guardians.)

I, the applicant, and, I, the parent / guardian

1. acknowledge that I am aware that the Hugenote Kollege does not accept responsibility for damage to or loss of property or personal possessions of the applicant.
2. hereby indemnify the Hugenote Kollege in respect of any damage caused to the property of the applicant or to the property of third parties, whether on or of Hugenote Kollege premises, as a result of the applicant's actions, or the action of any other party, either whilst on or off Hugenote Kollege premises.
3. undertake, to be bound by the accommodation rules and regulations of any Hugenote Kollege accommodation units to which the applicant has been admitted;
4. certify that the information provided on this form and all supporting documentation is accurate and complete, I accept that incorrect or misleading information could lead to the cancellation of this application and/or disciplinary or formal legal proceedings being taken against the applicant;
5. undertake unconditionally to pay all fees, charges and surcharges payable to the Hugenote Kollege as they fall due for payment, for any period for which the applicant is or becomes a registered resident of the Hugenote Kollege;
6. accept that non-payment of fees or late payment of fees may result in the student being required to vacate his/her accommodation or being refused readmission to accommodation;

I understand that, should I leave the residence with/without signing off on my room inventory form, I shall be kept liable for accommodation fees, until the month in which I officially sign off.

Signature of applicant

Date

If the applicant is under the age of 21 years, the parent/legal guardian must complete the following:

I, THE UNDERSIGNED,  (name and surname)

HEREBY ADMIT THAT I,  (parent/legal guardian)

am jointly and severally responsible for monies, which the above applicant may at any stage owe to Hugenote Kollege in terms of this agreement that he/she concludes with the College. Please send all statements/invoices to the person indicated as responsible for paying the College.

Signature of parent or legal guardian

Date

