



# APPLICATION FOR ADMISSION

Applications may be submitted in the following ways with the following non-refundable application fees:

Method of Application	Non-Refundable Application Fee
Online: <a href="http://www.hugenote.com">www.hugenote.com</a>	Free
Hugenote Kollege Application App available from Google Play Store	Free
Email: <a href="mailto:applications@hugenote.com">applications@hugenote.com</a>	R350.00
Post: PO Box 16, Wellington, 7654	R350.00
In Person: 1 College Street, Wellington, 7655	R350.00

No application will be considered if the application and/or supporting documents are incomplete or illegible. Please see the checklist at the end of the application form to ensure that you have attached all supporting documents.

Banking Details:

Account Name:	Hugenote Kollege NPC
Bank:	Nedbank
Account Number:	1156 056 861
Branch Code:	198765
Swift Code:	NEDS ZA JJ
Reference:	L followed by applicant's ID number

Include proof of payment or send it to: 086 240 6251 or [studentaccounts@hugenote.com](mailto:studentaccounts@hugenote.com)

Complete the entire form in the spaces provided. Where an option must be exercised, write an "X" in the appropriate box, unless otherwise instructed.

<b>Please indicate what academic year you are applying for</b>	<b>2</b>	<b>0</b>		
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## PROGRAMME SELECTION

Familiarise yourself with the admission requirements of the programme of your choice prior to application and indicate your first and second choice of study by writing "1" and "2" next to the relevant choices in the space provided and indicate the learning site you are applying for if more than one option is available.

Programmes			
	Choice	Wellington	Kimberley
Bachelor of Social Work (NQF Level 8) (SAQA ID 105031)		X	
Bachelor of Theology in Missional Ministry (NQF Level 7) ( <b>Distance Learning</b> )		X	
National Diploma: Early Childhood Development (NQF Level 5) (SAQA ID 64650)		X	
Occupational Certificate: Christian Religious Professional (NQF Level 5) (SAQA ID 101571)		X	
FET Certificate: Social Auxiliary Work (NQF Level 4) (SAQA ID 23993)*			
FET Certificate: Child and Youth Care Work (NQF Level 4) (SAQA ID 60209)		X	
FET Certificate: Community Development (NQF Level 4) (SAQA ID LP 76987)*		X	
FET Certificate: Theology and Ministry (NQF Level 4) (SAQA ID 49057)		X	
FET Certificate: Early Childhood Development (NQF Level 4) (SAQA ID 58761)*		X	
Other:			

Have you ever been found guilty of a criminal offence?	Yes	No
If yes, specify		

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## PERSONAL DETAILS OF APPLICANT

<b>Title</b>	Mr	Ms	Mrs	Other:	<b>Initials</b>	
<b>Surname</b>						
<b>First Name</b>						
<b>Second Name</b>						
<b>Third Name</b>						
<b>Date of Birth</b>						
<b>Gender</b>	Male			Female		
<b>Marital Status</b>	Single	Married	Widow/er	Divorced		
<b>Identity Number</b>						
<b>Passport Number</b>						
<b>Home Language</b>						
<b>Language of Correspondence</b>	English			Afrikaans		
<b>Email Address</b>						
<b>Phone Number</b>						
<b>Mobile Number</b>						
<b>Fax Number</b>						
<b>Residential Address</b>						
	<b>Postal Code</b>					
<b>Postal Address</b>						
	<b>Postal Code</b>					
<b>Local Municipality</b>						
<b>Area / District Municipality</b>						
<b>Province</b>						

## COLLEGE ACCOMMODATION

<b>Do you require College Accommodation? (WELLINGTON ONLY)</b>	Yes	No
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Please note that accommodation is subject to availability and approval by the selection committee. Indicating that you require accommodation does not guarantee placement.





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## STUDENT SUPPORT

<b>Do you have any disabilities or long term medical conditions that may affect your studies?</b>	Yes	No
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If yes, please indicate the area of impairment:

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

<b>Please specify condition/s:</b>	
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<b>Do you have any medical condition/s or allergy/ies you need/want us to know about?</b>

<b>Name of medical aid scheme (if applicable)</b>	
<b>Medical aid number</b>	
<b>Name of main member</b>	
<b>ID Number of main member</b>	

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

Should you not be a member of a medical aid scheme, you will be taken to the nearest provincial hospital in the case of an emergency and the account be sent to your parent / guardian.

<b>Religious Affiliation (if applicable):</b>		
Anglican		Apostolic Faith Mission (AGS)
Assemblies of God		Baptist
Church of Christ		Dutch Reformed Church (NG Kerk)
Dutch Reformed Church in Africa		Full Gospel
Hindu		Jehovah's Witness
Lutheran		Methodist
Muslim		Nazarene
New Apostolic Church		Old Apostolic Church
Other Protestant		Pentecostal Protestant
Presbyterian		Reformed Churches in South Africa
Roman Catholic		Uniting Reformed Church (VGK)
Zion Christian Church		Not Prepared to Divulge
Other:		





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## SECONDARY EDUCATION

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

<b>Year of Completion</b>	
<b>Name of School</b>	
<b>City</b>	
<b>Country</b>	

## TERTIARY EDUCATION

Please provide proof of previous tertiary education – (e.g. College, University, etc.)

<b>Institutions</b>	<b>Courses / Qualifications</b>	<b>Year Completed</b>

## CITIZENSHIP AND RESIDENCY

\*Please indicate your current citizenship status below. Ignore if you are a South African citizen.

<b>Permanent Resident status</b>		<b>Temporary Entry Permit</b>	
<b>Applying for a Study Permit</b>		<b>Refugee status</b>	
<b>What country do you hold citizenship for?</b>			

## 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.

<b>Ethnic Group*</b>									
African		Coloured		Indian / Asian		White		Other	

<b>Socio Economic Status</b>			
Unspecified		Employed	
Unemployed – looking for work		Not working – not looking for work	
Not working – housewife / homemaker		Not working – scholar / fulltime student	
Not working – pensioner / retired person		Not working – disabled person	
Not working – not wishing to work		Not working – none of the mentioned	





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## CONTACT DETAILS OF NEXT OF KIN AND ADDITIONAL CONTACT

<b>Title</b>	Mr	Ms	Mrs	Other:	<b>Initials</b>	
<b>First Name and Surname</b>						
<b>Language of Correspondence</b>	English			Afrikaans		
<b>Email Address</b>						
<b>Phone Number</b>				<b>Mobile Number</b>		
<b>Relationship to Applicant</b>						

<b>Title</b>	Mr	Ms	Mrs	Other:	<b>Initials</b>	
<b>First Name and Surname</b>						
<b>Language of Correspondence</b>	English			Afrikaans		
<b>Email Address</b>						
<b>Phone Number</b>				<b>Mobile Number</b>		
<b>Relationship to Applicant</b>						

## LEGAL UNDERTAKING

I, the undersigned declare that I:

- accept that incorrect or misleading information could lead to the cancellation of this application;
- together with the person indicated as the person responsible for the fees, will be jointly and severally responsible for the punctual payment of money due by virtue of this agreement with Hugenote Kollege;
- further undertake to pay all legal expenses of the College should I fail to meet any obligations in respect of the payments mentioned above;
- have acquainted myself, and will in future acquaint myself, with the contents of the rules, regulations, policies and any amendments thereof of the College as determined by the College;
- 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 theoretical, practical and workplace 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 abovementioned activities on my own responsibility and voluntarily accept the risk involved;
- am aware that my enrolment is valid only if it complies with the regulations governing the qualifications concerned, notwithstanding the acceptance of this enrolment by the College;
- 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;
- 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 legal guardian beforehand.

<b>Signature of Applicant</b>	
<b>Date:</b>	

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

<b>Person / Institution responsible for payment (e.g. self, parents, guardian, bursary, bank, etc.)</b>	
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Please provide the contact details of the responsible person / institution below. Ignore if you are paying yourself.

<b>Title</b>	Mr	Ms	Mrs	Other:	<b>Initials</b>	
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<b>Surname</b>		
<b>First Name</b>		
<b>Second Name</b>		
<b>Third Name</b>		
<b>Identity Number</b>		
<b>Passport Number</b>		
<b>Language of Correspondence</b>	English	Afrikaans
<b>Email Address</b>		
<b>Phone Number</b>		
<b>Mobile Number</b>		
<b>Residential Address</b>		
	<b>Postal Code</b>	
<b>Postal Address</b>		
	<b>Postal Code</b>	
<b>Where must the invoice and important information be sent to?</b>	Email Address	Postal Address

We, the undersigned applicant and above mentioned party, hereby admit that we are jointly and severally responsible for any monies due at any stage to Huguenote Kollege in terms of this agreement.

<b>Signature of Person Responsible for Fees</b>	
<b>Date:</b>	

<b>Signature of Applicant</b>	
<b>Date:</b>	

