



CAPE INSTITUTE FOR AGRICULTURAL TRAINING: ELSENBURG

APPLICATION FOR ADMISSION

Head: Student Affairs
Cape Institute for Agricultural Training: Elsenburg
P.O. Box 54
ELSENBURG
7607
Tel: 021 808 5451 Fax: 021 884 4319

Website: www.elsenburg.com/college

CLOSING DATE FOR APPLICATIONS

Higher Certificate in Agriculture: 30 June Diploma in Agriculture: 31 October
Diploma in Agriculture: Cellar Technology: 31 July

GENERAL RULES

1. Please complete the application form in ink.
2. Write in the blocks only, one letter per block. Always start in the first block.
3. Where choices have to be made, mark the appropriate block with an X.

A. APPLICATION FOR ADMISSION

Before completing this section, read the section on "Course admission" in the prospectus.

A.1 Course (Indicate the course you wish to follow)

Initial qualification

Higher Certificate in Agriculture

Further qualification (Higher Certificate in Agriculture a prerequisite)

Diploma in Agriculture in the field:

<input type="checkbox"/> Agronomy	<input type="checkbox"/> Large Stock	<input type="checkbox"/> Pomology	<input type="checkbox"/> Table Grapes	<input type="checkbox"/> Cellar Technology
<input type="checkbox"/> Vegetables	<input type="checkbox"/> Sheep & wool	<input type="checkbox"/> Extension	<input type="checkbox"/> Wine Grapes	<input type="checkbox"/> Other (Specify) <input type="text"/>

A.2 Biographic particulars of applicant

Surname Initials

Christian names

First name

Have you been registered at the Institute before? Yes No If so, please state your student number.

Identity number Year of first registration, e.g. 1998

Date of birth Maiden name (if applicable)
D D M M Y Y Y Y

Place of birth Magisterial district of permanent residence

Title:	Marital state:	Religious denomination:	Population group:	Population group:	Home language:
<input type="checkbox"/> Mr	<input type="checkbox"/> Single	<input type="checkbox"/> Dutch Reformed	<input type="checkbox"/> Asian	Information needed by Government.	<input type="checkbox"/> Afrikaans
<input type="checkbox"/> Miss	<input type="checkbox"/> Married	<input type="checkbox"/> Anglican	<input type="checkbox"/> Coloured		<input type="checkbox"/> English
<input type="checkbox"/> Mrs	<input type="checkbox"/> Other*	<input type="checkbox"/> Methodist	<input type="checkbox"/> N-Sotho		<input type="checkbox"/> German
<input type="checkbox"/> Other*		<input type="checkbox"/> Reformed	<input type="checkbox"/> S-Sotho		<input type="checkbox"/> Sotho
		<input type="checkbox"/> A.F.M.	<input type="checkbox"/> Tswana		<input type="checkbox"/> Xhosa
Sex:	Nationality:	<input type="checkbox"/> Presbyterian	<input type="checkbox"/> White	<input type="checkbox"/> Zulu	<input type="checkbox"/> Other
<input type="checkbox"/> Male	<input type="checkbox"/> South African	<input type="checkbox"/> Other*	<input type="checkbox"/> Xhosa		
<input type="checkbox"/> Female	<input type="checkbox"/> Other*		<input type="checkbox"/> Zulu		
* Specify			<input type="checkbox"/> Other:		

Residential address: (Separate address lines by means of a comma, e.g. 28 Amandel Drive, Amandelsig, Kuils River.)

Postal code:

Postal address: (Only fill in if different from residential address)

Postal code:

Do you make use of a study bursary? Yes No If so, please fill in the "account address" below.

Account address (Only fill in if different from residential or postal address.)

Surname/ Organisation

 Initials

Postal code

Address to which official correspondence should be sent: Residential address Postal address Other

If "other", fill in the appropriate address:

Postal code

Applicant's telephone number during normal office hours:

Dialling code Number

Applicant's telephone number after hours:

Dialling code Number

Cell phone number:

Fax number:

Dialling code Number

E-mail address:

B. PARTICULARS OF NEAREST RELATIVE/GUARDIAN

Kinship with applicant

Father
 Mother
 Guardian
 Other (specify)

Person's title

Mr
 Mrs
 Miss
 Other (specify)

Surname

 Initials

Date of birth

 Identity number

D D M M Y Y Y Y

Postal address: (Separate address lines by means of a comma, e.g. 28 Amandel Drive, Amandelsig, Kuils River.)

Postal code:

 Home telephone no:

Dialling code and number

Employer's address

Postal code:

 Office telephone no:

Dialling code and number

Employer:

Profession:

Old student information:

Ex-Elsenburger?

Father
 Mother
 Guardian

Student number

Maiden name of mother/name of guardian

Permanent details address of a relative/friend/acquaintance

Surname

 Initials

Residential address: (Separate address lines by means of a comma, e.g. 28 Amandel Drive, Amandelsig, Kuils River.)

Postal code:

 Home telephone no:

Dialling code and number

C. PRELIMINARY REPORT REGARDING PROSPECTIVE STUDENT

C.1 Instructions:

- 1 This report must be completed by present matriculants themselves, as well as those who have already matriculated.
- 2 Persons who have studied at other colleges or universities, need not complete the school subject particulars, but must attach a copy of their school-leaving certificate to the application form before returning it. It is essential that the school name and matric year be indicated.
- 3 Present scholars must attach their original Grade 11 report / a certified copy as well as a certified copy of their ID document. The July matric results must be forwarded as soon as possible.
- 4 Persons who have completed their studies must attach a certified copy of their school-leaving certificate to the completed report form.

C.2 School record

Name of school

School's address

 Postal code

School's telephone no
 Dailing code Number

Year in which senior certificate has been/will be obtained: Matric exemption: Yes No

Agricultural school attended Yes No

If YES, which school?

Period: up to
 D D M M Y Y Y Y D D M M Y Y Y Y

School subjects (Languages: Please indicate whether first or second language.):

Year	School subject name	Standard HG/SG	Present scholar: Mark end Grade 11			Scholar who has completed studies	
			Actual mark		Total	Symbol	Office use
				out of			
				out of			
				out of			
				out of			
				out of			
				out of			
Total / Average symbol				out of			

Indicate in which of the following activities you took/take part:

1 Social life: Pupil's council CSA Other:

2 Sport: Rugby Cricket Gholf Tennis Netball Other:

Any other important activities (specify):.....

Indicate in which of the above you took the lead and/or excelled (e.g. head boy, captain, Craven Week, etc.)

Statement:

I/We hereby state that the marks and/or symbols provided on this report form are correct.

.....
 Applicant

.....
 Principal (Only applicable to matriculants)

.....
 Date

Please note

- 1 The information on this page must, in the case of scholars, be checked and/or furnished by the principal.
- 2 Should you, on the strength of inter alia the above statement, be provisionally informed that your admission as a student would be in order, it would be done in good faith and on the distinct understanding that ultimately you will have to meet all the requirements set by the Institute for admission and registration before your admission can be finally approved.
- 3 Documents as prescribed in B.1 above must be attached.



H. GENERAL INFORMATION

Did you grow up on a farm? Yes No Please mention the most important branches

What do you intend doing after your study at Elsenburg?

- Run own farm
 - Farm in partnership
 - Work as farm manager
 - Work in the agricultural field
 - Further studies
 - Other (specify)
-

Should you wish to pursue your studies, which institution would you choose?

- University
 - Technicon
 - Elsenburg (specify study field)
 - Other (specify)
-

Any other information which you consider necessary to bring to the attention of the Institute.

I. AGREEMENT

Undertaking by applicant:

I hereby state / undertake

- (a) that the information furnished by me in this application form, is true and correct;
- (b) that I understand that the Institute is entitled to cancel my enrolment if it should appear that the particulars furnished in this application form are incorrect in any respect;
- (c) that I have satisfied myself as to, and in future will keep myself posted with regard to the contents of the Institute's regulations and rules as approved from time to time by the Departmental Head or by any other authorised body or person attached to the Institute;
- (d) that I commit myself to complying with all the regulations mentioned in (c) above during all my study years, as well as with amendments or substitutions thereof;
- (e) that I agree not in any manner to bring any action whatsoever against the Institute or any one of its employees, and not to hold the Institute responsible for any damage or loss which I personally, or as far as any of my possessions are concerned, may suffer and which directly or indirectly may result from my participation during my study years at the Institute in any activity of whatever nature, which may be related to my study or training, or sport or recreation of whatever nature, irrespective of the manner in which such damage or loss may occur, and that I will participate in any of the mentioned activities at my own risk and accept the risk attached to it voluntarily;
- (f) that I authorise the Institute, should I require urgent medical treatment, to obtain suitable medical assistance, and I accept the responsibility for payment of the costs so incurred;
- (g) that I commit myself to the prompt payment of all study, tuition, accommodation and other fees raised from time to time by the Institute during my period of study;
- (h) to pay all the Institute's legal costs if I should fail to meet any of my financial obligations mentioned in (g);
- (i) to pay all study fees upon registration. Postponement for a maximum of 30 days may be allowed, after which time interest at current government rates will be raised on all outstanding amounts;
- (j) that I will under no circumstances take part in, or have any part in, any form of initiation in whatsoever form.

Applicant's signature:

Date:

Undertaking by parent or guardian:

(This portion must be completed by the parent or guardian of a minor applying for admission to the Institute.)

I hereby state

- (a) that I have satisfied myself as to, and consent to the undertaking above, and state that the particulars given by him/her on this application form are true and correct;
- (b) that I in particular agree that my child/ward under age bind himself/herself to complying during all his/her study years with the regulations and rules of the Institute as approved from time to time by the Departmental Head or any other authorised body or person attached to the Institute;
- (c) that I hereby jointly and separately with my child under age accept responsibility for the payment of all fees mentioned in (g), (h) and (i) above which he/she might owe to the Institute during his/her total period of study at the Institute (including study after attaining his/her majority), and agree to pay it promptly;
- (d) that I agree not to bring any action whatsoever against the Institute or any one of its employees, and not in any way to hold the Institute responsible for any damage or loss which I personally or as far as any of my possessions are concerned, may suffer and which directly or indirectly may result from my child's participation during his/her study years at the Institute in any activity of whatever nature, which may be related to his/her study or training, or sport or recreation of whatever nature, irrespective of the manner in which such damage or loss may occur, and that he/she will participate in any of the mentioned activities on his/her own risk and will accept the risk attached to it voluntarily, and I further undertake to indemnify the Institute and any employee of the Institute if my child under age, with my assistance, cannot sufficiently in law secure the Institute against liability as explained above.

.....
Parent's/Guardian's signature

.....
Capacity (father/mother/guardian)

.....
Date

APPLICATION TO KEEP A MOTOR CAR/MOTOR CYCLE* ON ELSENBURG GROUNDS

Hereby I, the undersigned, apply for permission that my child/foster child/I (if of age)*

.....(full name)

may keep a vehicle on the grounds of the Cape Institute for Agricultural Training: Elsenburg for the duration of the course. He/she is/I am in possession of a valid driver's licence.

Particulars of vehicle

Owner of vehicle:

Make and type of vehicle:

Registration number and colour:

I also agree to abide by the following:

1. No vehicle shall be allowed on the Institute's grounds unless permission had been granted.
2. Permission shall be conditional and may be withdrawn without warning on the grounds of violation of parking rules and speed limits, misconduct and/or poor academic performance. Abrogation will entail that the vehicle will have to be removed from the grounds immediately.
3. The responsibility for and consequences of any offence committed on the campus with the vehicle while lent to someone else, shall be borne by my child/foster child/myself*.
4. The State shall under no circumstances be responsible for any damage to the vehicle while parked or driven on the grounds, and the vehicle will be brought on to State property at owner's risk.
5. Parking shall be allowed on the appropriate parking areas only.
6. The area where parking is allowed, as well as the car wash bay, must be kept neat and clean at all times.
7. Only one motor car or one motor cycle per applicant will be allowed.

.....
Signature of parent/guardian/student* (if of age)

*Please delete which is not applicable.