

APPLICATION FORM / REGISTRATION

A: COURSE DETAIL

Course title and code			
Venue			
Date			
Accommodation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Assessment needed
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

B: PERSONAL PARTICULARS

Surname					Initials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First names									
Identity number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address									
Postal code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dialing code and number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fax number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellphone number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-mail									

Highest standard passed			
Other qualification			

Home language	
Afrikaans	<input type="checkbox"/>
English	<input type="checkbox"/>
Xhosa	<input type="checkbox"/>
Other	<input type="checkbox"/>
	<input type="checkbox"/>

Race	
Coloured	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black	<input type="checkbox"/>
White	<input type="checkbox"/>

Gender	Male	<input type="checkbox"/>
	Female	<input type="checkbox"/>

How would you best describe your current post?

Worker on Commercial farm / Farm worker	<input type="checkbox"/>
Commercial farmer	<input type="checkbox"/>
Worker at land reform project / Farm	<input type="checkbox"/>
Land reform farmer	<input type="checkbox"/>
Other (specify)	<input style="width: 100%;" type="text"/>

C: MEDICAL INFORMATION

Are you suffering from any of the following conditions?

Poor sight	<input type="checkbox"/>	Physically challenged	<input type="checkbox"/>	Other	<input type="checkbox"/>
Deafness	<input type="checkbox"/>	Speech Impediment	<input type="checkbox"/>		

D: PREVIOUS COURSES

For which courses were you previously registered with the Cape Institute for Agricultural Training?

Course	Year	Course	Year

E: OTHER

Any special dietary needs?	<input style="width: 100%;" type="text"/>
Other requirements. Please specify.	<input style="width: 100%;" type="text"/>

F: PAYMENT METHOD

Own responsibility	<input type="checkbox"/>	Lrad	<input type="checkbox"/>	Commercial farmer	<input type="checkbox"/>	AgriSeta	<input type="checkbox"/>	Other	<input type="checkbox"/>
Payment received	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Bank payment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Receipt number	<input style="width: 100%;" type="text"/>								

G: DECLARATION

Commitment of the applicant:

I declare:

- (a) that the particulars supplied in the above registration form are true and correct;
- (b) that I understand that the Cape Institute for Agricultural Training (Institute) has the right to cancel my registration or enrolment if the particulars supplied in my application form have been found false or incorrect;
- (c) that I agree not to make demands of any nature against the Institute or any employee of the Institute, under no circumstances will the Institute be held accountable for any damage or loss to my personal property or belongings, that may directly or indirectly result from my participation in any activity during the study period at the Institute or from sport or recreation of any nature, how ever, such damage or loss may happen. I will be solely responsible for any of the above-mentioned activities and accept the risks attached thereto;
- (d) that I will authorise the Institute to obtain medical assistance, should I require treatment. I accept responsibility for the payment of all relevant costs for any treatment required;
- (e) to pay all legal costs of the Institute if I should fail to pay any fees as mentioned in paragraph (f);
- (f) to pay all the applicable fees at registration. Delay / postponement will be granted for a maximum of 30 days only after which the interest at prevailing state interest rates will be levied on the outstanding fees.
- (g) that in case of an emergency, my next of kin contact details are:

Name:

Address:

Tel:

Signature of applicant:..... Date: