

CAPE INSTITUTE FOR AGRICULTURAL TRAINING

SUB-PROGRAMME: FURTHER EDUCATION AND TRAINING

REGISTRATION FORM - SHORT COURSE

A: COURSE PARTICULARS

Course title and Code			
Venue		Project Name	
Date			
Accommodation needed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is assessment required? Yes <input type="checkbox"/> No <input type="checkbox"/>

B: PERSONAL PARTICULARS

Surname		Initials	
First Name (s)			
Identity Number			
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Maiden Name (if applicable)	
<small>D D M M Y Y Y Y</small>			
Work Address			
Postal Code	<input type="text"/>	Telephone code and No.	(<input type="text"/>)
		Fax Number	(<input type="text"/>)
		Cellphone Number	(<input type="text"/>)
		E-mail	
Highest standard passed:			
Other qualifications:			

First Language: Afrikaans <input type="checkbox"/> English <input type="checkbox"/> IsiXhosa <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Race: Coloured <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/>
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C: FARMING AND TARGET GROUP CLASSIFICATION

COMPULSARY 1. What type of farming do u practice? Subsistence Farming <input type="checkbox"/> Smallholder Farming <input type="checkbox"/> Commercial Farming <input type="checkbox"/> None <input type="checkbox"/>	2. Mark those applicable to your project/farming unit with a (X) CASP - Comprehensive Agricultural Support Programme <input type="checkbox"/> LRAD - Land Redistribution for Agricultural Development <input type="checkbox"/> COMN - Projects on municipal communal land <input type="checkbox"/> UNEM - Unemployed persons not involved in a project <input type="checkbox"/> FAIDS - Farm Aids working in all spheres of the private sector, Government, etc. <input type="checkbox"/> NGO - Non-Governmental Organisation <input type="checkbox"/> NPO - non-Profit Organisation <input type="checkbox"/> CBO - Community Based Organisation <input type="checkbox"/> Other - Specify <input type="checkbox"/> _____
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D: MEDICAL INFORMATION

Are you suffering from from any of the following conditions? (Information is needed to assist the handicapped)

Poor sight	Physically challenged	Other (specify)
Deafness	Speech Impediment	

E: OTHER

Any special dietary needs? Please specify.	
Other (please specify)	

REGISTRATION (continued)

F: DECLARATION

Undertaking by the applicant:

I declare / undertake

- (a) that the particulars supplied in the above registration form are true and correct;
- (b) that I understand that the College has the right to cancel my registration or enrolment if the particulars supplied in my application form have been found false or incorrect;
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- (c) that I agree not to make demands of any nature against the College or any employee of the College, under no circumstances will the College 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 in the College or from sport or recreation of any nature, however, 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 College 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 College if I should fail to pay any fees as mentioned in the following section (f);
- (f) to pay all the College fees as mentioned previously at registration. Delay / postponement will be granted for a maximum of 30 days only after which the interest at prevailing state rates will be levied on the outstanding fees.
- (g) that in case of an emergency, my next of kin contact details are:

Name:

Address:

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Tel:

Signature of applicant: Date: