

Title: Mr Mrs Ms Dr Prof Other: _____ Gender: Male Female

Surname: First names:

Name called by: Date of Birth:

Programme name for which application is made:

Starting date: US student no: If you have a University of Stellenbosch student no.

ID / Passport no: Ethnic group: Black Coloured Indian White

Please attach copy of ID (RSA resident) or Passport (Outside RSA)

Used for statistical purposes

Nationality: Home language: Eng Afr Other:

Tel (work): Fax (work):

Mobile: E-mail:

Physical address:

Postal address:

Who will be responsible for payment?

Employer Employer and self Self | Company Name:

Physical address:

Postal address:

Information about academic and other qualifications:

Institution	Other qualifications	Major(s)	Year achieved
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Work experience:	Current	Previous 1	Previous 2
Industry (e.g. Agriculture)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job title (e.g. Accountant)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department (e.g. Production)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Working period	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special dietary requirements:	<input type="checkbox"/> None <input type="checkbox"/> Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> Diabetic <input type="checkbox"/> Other: <input type="text"/>		

Where did you hear about us: Advertisement Word of Mouth Website Email Other: _____

CANCELLATIONS POLICY:

It is of utmost importance that USB-ED be formally notified in writing of any cancellation 14 days prior to the commencement date of the programme. A cancellation fee of 10% will be payable for cancellation fewer than 14 days prior to the commencement of the programme. USB-ED reserves the right to cancel or postpone programmes.

PAYMENT POLICY:

Should your company be liable for the programme fees, please provide us with written confirmation on a company letterhead, signed by your training/ financial officer whichever is applicable.

Before sending your application form, please check that you have attached the following:

A clear copy of your ID document/passport

Confirmation letter with company details containing: company full name, vat number, registration number, physical and postal address, contact number, fax number and email address

PLEASE NOTE:

Application forms without supporting documentation as per the above requirements will not be accepted. Payment must be done no later than two weeks prior to commencement of programme. Acceptance on programme subject to approval.

I hereby acknowledge acceptance of the cancellation and payment policy set out above.

Signature of applicant: Date:

Designation: