

**APPLICATION FOR ADMISSION
 COACHING STUDIES**

PLEASE COMPLETE ALL SECTIONS BELOW: (PLEASE PRINT CLEARLY)

SECTION A

PERSONAL DETAILS:

TITLE:		FIRST NAMES:		SURNAME:	
POSTAL ADDRESS:					
				POST CODE:	
PHYSICAL ADDRESS:					
				POST CODE:	
TEL (H):		TEL (W):		MOBILE:	
FAX:					
EMAIL:				ID. NUMBER:	

DETAILS FOR CITIZENS OR PERMANENT RESIDENTS OF OTHER COUNTRIES:

COUNTRY OF CITIZENSHIP/PERMANENT RESIDENCE:		PASSPORT NUMBER:	
STUDY PERMIT:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, VISA EXPIRY DATE:

STATISTICAL INFORMATION*:

***This information will not affect your application. This is statistical information required by the Department of Higher Education and Training**

MARITAL STATUS:	<input type="checkbox"/> MARRIED	<input type="checkbox"/> UNMARRIED	GENDER:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
POPULATION GROUP:			HOME LANGUAGE:		
WHERE DID YOU HEAR ABOUT US?					

PROGRAMME STUDY DETAILS:

START YEAR:					
CAMPUS:	<input type="checkbox"/> CAPE TOWN	<input type="checkbox"/> JOHANNESBURG			
Please indicate with a tick which Coaching qualification you are registering for:					
<input type="checkbox"/> Coaching Fundamentals: Context & Skills					
<input type="checkbox"/> Enhance Coaching Practice: Facilitating Sustainable Learning & Change					
<input type="checkbox"/> Post Graduate Diploma in Coaching (PGDC)					

ENGLISH PROFICIENCY:

IT IS IMPORTANT THAT STUDENTS HAVE A SOLID GRASP OF BOTH WRITTEN AND SPOKEN ENGLISH, AS SACAP'S APPROACH TO LEARNING IS HIGHLY INTERACTIVE AND EXPERIENTIAL. STUDENTS WHOSE FIRST LANGUAGE IS NOT ENGLISH MAY BE ASSESSED FOR ENGLISH PROFICIENCY.

IS ENGLISH YOUR FIRST LANGUAGE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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EDUCATION AND QUALIFICATIONS:

WHAT IS YOUR HIGHEST EDUCATIONAL QUALIFICATION? ***NOTE: FULL TRANSCRIPTS MUST BE PROVIDED**

SENIOR CERTIFICATE		NATIONAL SENIOR CERTIFICATE		UNDERGRADUATE DEGREE	
POSTGRADUATE DEGREE		OTHER (please specify):			

SECTION B

IN ORDER TO SUPPORT STUDENTS AS BEST WE CAN, IT IS HELPFUL TO KNOW IF YOU HAVE ANY SPECIFIC/ADDITIONAL NEEDS, OR ANY PHYSICAL OR MEDICAL CONDITIONS WE NEED TO BE AWARE OF IN ORDER TO BETTER FACILITATE YOUR LEARNING.

IF YOU ANSWER YES TO ANY OF THE QUESTIONS BELOW PLEASE PROVIDE SUPPORTING INFORMATION WHICH COULD GUIDE SACAP IN PREPARING FOR YOUR ENROLMENT.

	YES	NO
DO YOU HAVE ANY PHYSICAL AND/OR MEDICAL CONDITIONS THAT SACAP NEEDS TO BE AWARE OF?		
ARE YOU CURRENTLY, OR HAVE YOU IN THE PAST, SUFFERED FROM OR RECEIVED TREATMENT FOR A CHRONIC OR ACUTE MENTAL ILLNESS?		
ARE YOU CURRENTLY, OR HAVE YOU IN THE PAST, SUFFERED FROM OR RECEIVED TREATMENT OR SUPPORTIVE SERVICES FOR ALCOHOL OR SUBSTANCE ABUSE/ADDICTION, EATING DISORDER, GAMBLING ADDICTION, OR THE LIKE?		
DO YOU HAVE A CRIMINAL RECORD?		
HAVE YOU EVER BEEN IMPRISONED AND/OR RECEIVED A FORMAL WARNING FROM THE COURT SYSTEM?		

***Please note: If you have answered 'yes' to any of the questions in section B, an additional reference letter from the supervising psychologist/therapist/rehabilitation specialist/counsellor/correctional officer regarding your readiness to engage in our programme is mandatory.**

INTERVIEW:

DEPENDING ON YOUR INTENDED COURSE OF STUDY, SACAP MAY WISH TO INTERVIEW YOU IN ORDER TO ENSURE THAT YOU ARE SUITABLY PREPARED TO COMMENCE YOUR STUDIES WITH US.

PLEASE NOTE:

THE INFORMATION PROVIDED ON THIS APPLICATION FORM SERVES ONLY TO ENSURE THAT YOU ARE READY TO ENGAGE IN STUDIES WITH THE SOUTH AFRICAN COLLEGE OF APPLIED PSYCHOLOGY (SACAP) AT THIS TIME, AND WILL BE TREATED WITH THE STRICTEST OF CONFIDENCE. THIS APPLICATION FORM IS LINKED TO THE NEW ADMISSIONS PROTOCOL POLICY.

SECTION C: DECLARATION

I WISH TO BE CONSIDERED FOR ENROLMENT AS A STUDENT IN A COURSE AT THE SOUTH AFRICAN COLLEGE OF APPLIED PSYCHOLOGY (SACAP).

I DECLARE THAT I HAVE READ AND UNDERSTOOD THIS APPLICATION FORM REQUIREMENTS AND THAT ALL INFORMATION SUBMITTED IS CORRECT, TRUE AND COMPLETE AND THAT I CAN AND WILL PRODUCE TO SACAP ORIGINALS OF ALL SUBMITTED DOCUMENTATION ON REQUEST.

I AUTHORISE SACAP TO OBTAIN FURTHER INFORMATION OR OFFICIAL STUDENT RECORDS FROM ANY EDUCATIONAL INSTITUTION OR RECOGNISED EDUCATIONAL QUALIFICATIONS ASSESSMENT BODY NECESSARY AND/OR, WHERE MY WORK EXPERIENCE IS RELEVANT, TO VERIFY MY EMPLOYMENT HISTORY FOR THE PURPOSES OF MAKING AN INFORMED DECISION ABOUT MY APPLICATION.

I ACKNOWLEDGE THAT SACAP RESERVES THE RIGHT TO VARY OR REVERSE ANY DECISION REGARDING ADMISSION MADE ON THE BASIS OF INCORRECT, INCOMPLETE OR FRAUDULENT INFORMATION.

I ACKNOWLEDGE AND AGREE THAT THE ACCEPTANCE OF MY APPLICATION BY SACAP IS CONDITIONAL UPON MY AGREEMENT TO BE BOUND AND ABIDE BY THE POLICIES, PROCEDURES AND TERMS SET OUT BY THE COLLEGE AS AMENDED FROM TIME TO TIME.

I DECLARE THAT THE INFORMATION I HAVE SUPPLIED ON THIS FORM IS, TO THE BEST OF MY UNDERSTANDING AND BELIEF, COMPLETE AND CORRECT.

IF I AM A MINOR, **I DECLARE THAT MY ADMISSION TO SACAP HAS THE CONSENT OF MY PARENT/GUARDIAN.**

I ACCEPT, AGREE AND UNDERSTAND THAT: SACAP KEEPS AND PROCESSES DATA AND DOCUMENTS IN ELECTRONIC FORMAT, INCLUDING DATA SUPPLIED BY ME IN THIS APPLICATION FORM; SACAP MAY USE AND TRANSFER SUCH DATA AND USE SUCH DOCUMENTS IN ELECTRONIC OR OTHER FORMATS FOR SACAP PURPOSES INCLUDING SUBMISSION OF DATA FOR THE NATIONAL LEARNER RECORD DATABASE AS REQUIRED BY THE DEPARTMENT OF HIGHER EDUCATION AND TRAINING; THAT RECORDS OF QUALIFIERS AND ACADEMIC RECORDS ARE PLACED IN THE PUBLIC DOMAIN; AND THAT ELECTRONICALLY GENERATED DOCUMENTS MAY BE USED IN PLACE OF THE ORIGINALS SIGNED BY ME.

I HEREBY WAIVE ALL CLAIMS AGAINST SACAP FOR ANY DAMAGES OR LOSS SUFFERED WHILE I AM, OR AS A CONSEQUENCE OF MY BEING, A STUDENT OF SACAP, FOR DAMAGE TO ANY PROPERTY BELONGING TO ME OR ANY OTHER PERSON, HOWSOEVER SUCH DAMAGE OR LOSS IS CAUSED, INCLUDING BUT NOT LIMITED THROUGH THE NEGLIGENCE OF SACAP OR ANY OFFICIAL, EMPLOYEE OR REPRESENTATIVE OF SACAP.

I OR MY ESTATE HEREBY INDEMNIFIES SACAP AGAINST ANY CLAIMS BY ANY PERSON ARISING IN ANY WAY AS STATED ABOVE OR IN RESPECT OF MY OWN NEGLIGENCE OR WILFUL ACTS OR OMISSIONS.

SIGNATURE OF APPLICANT: _____

DATE: _____