

**NEW STUDENT REGISTRATION FORM  
 COACHING STUDIES**

**PLEASE COMPLETE ALL SECTIONS BELOW: (PLEASE PRINT CLEARLY)**

Registration Reference No:				Date of Registration:			
<b>PERSONAL DETAILS</b>							
Title:		Last Name:		First Name:			
Date of Birth:				Identity Number:			
<b>FOR OFFICIAL USE ONLY:</b>	Student Ref. No.:			Invoice No.:			
<b>CONTACT DETAILS</b>							
Telephone (H):			Telephone (W):			Cell Phone:	
Email:						Fax :	
Physical Address:				Postal Address:			
			Postal Code:			Postal Code:	
Occupation:				Employer:			
Next of Kin Name:				Next of Kin Telephone:			
<b>PROGRAMME STUDY DETAILS</b>							
Please indicate with a tick which Coaching qualification you are registering for :							
<input type="checkbox"/> Coaching Fundamentals: Context & Skills							
<input type="checkbox"/> Enhanced Coaching Practice: Facilitating Sustainable Learning & Change							
<input type="checkbox"/> Postgraduate Diploma in Coaching (PGDC)							
<b>MODULE/STUDY DETAILS</b>							
Start Year: 20_____							
Mode of Study:	<input type="checkbox"/> Face-to-Face						
Campus:	<input type="checkbox"/> Cape Town			<input type="checkbox"/> Johannesburg			

**PAYMENT CONDITIONS**

Deposits can be made by cash, guaranteed cheque (made out to SACAP), EFT or direct deposit and a copy of your proof of payment must be faxed to 086 519 2753. All proofs of payment must include your name and surname and/or student number as reference. Monthly payments may only be made by debit order and a debit order instruction form is available from the college administration. Monthly debits will take affect at the commencement of the trimester. Kindly note that all debit order instructions are subject to a credit check.

**CAPE TOWN CAMPUS BANK DETAILS**  
 (CAPE TOWN CAMPUS AND DISTANCE EDUCATION STUDENTS ONLY)

**SACAP PTY LTD**  
 ABSA Bank Wynberg,  
 Branch Code: 632005  
 Cheque Account No.: 405-882-4959

**JOHANNESBURG CAMPUS BANK DETAILS**  
 (JOHANNESBURG CAMPUS STUDENTS ONLY)

**SACAP PTY LTD**  
 ABSA Bank Wynberg,  
 Branch Code: 632005  
 Cheque Account No.: 406-927-1652

PAYMENT STRUCTURE						
Deposit Payable:						
Monthly Payment:						
Total Fees Due:						
PAYMENT DETAILS						
<b>Please provide the full details of the person responsible for account</b>						
Title:		Last Name:		First Name:		
Postal Address: (To which the account must be posted)						
					Postal Code:	
Telephone:		Cell Phone:		Fax:		
Email:						
ID Number:						
Relationship (i.e. parent, legal guardian, sponsor, employer, etc.)						

## MODULE REGISTRATION

- Kindly note that this **registration is only official once the non-refundable registration fee**, according to the proforma invoice supplied to you, **has been paid**.
- The deposit payable is required to secure this registration.
- Study fees include electronic study materials. Prescribed textbooks are not included in the fees and need to be purchased separately.
- After the close of registration no changes to modules will be allowed.

**SACAP RESERVES THE RIGHT TO NOT RUN A MODULE/WORKSHOP SHOULD THE GIVEN MODULE/WORKSHOP NOT HAVE ENOUGH REGISTERED STUDENTS**

## TERMS AND CONDITIONS OF REGISTRATION

### DEFERRAL POLICY

I acknowledge that that I have read and accepted the deferral policy as stipulated in the student handbook. I understand that if I need to defer, I will have to wait until the following cohort to complete that module.

### WITHDRAWAL POLICY

I acknowledge that that I have read and accepted the withdrawal policy as stipulated in the student handbook.

## DECLARATION

1. The student/parent/legal guardian hereby agrees to pay the fees for the modules selected as reflected under the Payment Structure section of this document, which shall be incorporated into this contract.
2. The student/parent/legal guardian will not be absolved of the responsibility to pay such fees by virtue of incorrect billing or any other factor.
3. SACAP resumes the right to suspend a student's course of study should they be deemed unsuitable for this field of study.
4. I am aware that the SACAP student handbook is available. By signing this form I acknowledge that I have read and understood the policies, procedures and terms set out in the SACAP student handbook and I agree to be bound and abide by the policies, procedures and terms set out in the student handbook as amended from time to time. 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 in the student handbook as amended from time to time.
5. I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct.
6. If I am a minor, I declare that my admission to SACAP has the consent of my parent/guardian.
7. I hold myself responsible for the payment of all fees and other charges payable by me to SACAP for all modules which I register. If I am in arrears, I will be liable for all costs of recovery, including fees charged by external debt collectors on the scale as between the debt collector and client plus collection commission
8. 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.
9. Indemnity: I hereby waive any claims against SACAP for any damages or losses suffered while I am, or as a consequence of my being, a student of SACAP, as well as any damage to any property belonging to me or any other person, howsoever such damage or loss is caused, including but not limited to 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 negligent or willful acts or omissions.

I, \_\_\_\_\_

(PLEASE PRINT NAME OF STUDENT)

Hereby agree to be liable for the contract amount, subject to the policy and conditions stipulated on this contract.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I/We, \_\_\_\_\_

(PLEASE PRINT NAME OF PARENT/GUARDIAN)

Hereby agree to be liable for the contract amount, subject to the policy and conditions stipulated on this contract.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

REGISTRANTS SUPPORTING DOCUMENTATION CHECKLIST	REQD	RECD
COPY OF ID/ PASSPORT		
COPY OF STUDY PERMIT (IF APPLICABLE)		
CERTIFIED COPY(S) OF SCHOOL RECORD(S) AND/OR ACADEMIC TRANSCRIPT(S)		
CREDIT TRANSFER (CT)/RECOGNITION OF PRIOR LEARNING (RPL) APPLICATION AND FEE (IF APPLICABLE)		
ENGLISH PROFICIENCY TEST RESULTS (IF APPLICABLE)		
REFERENCE LETTER (FROM EMPLOYER OR ACADEMIC OR TEACHER OR RELEVANT PARTY)		
ADDITIONAL MEDICAL REFERENCE (IF APPLICABLE)		

REGISTRATION APPROVAL			
APPLICATION RECEIVED BY:			
PROFORMA RECEIVED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEPOSIT PAID:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DEBIT ORDER AUTHORISATION FORM COMPLETED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
FURTHER ASSESSMENT REQUIRED (IF APPLICABLE):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CT/RPL APPLICATION AND FEE RECEIVED (IF APPLICABLE):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REGISTRATION APPROVED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
REGISTRATION CHECKED AND APPROVED BY:		DATE:	
STUDENT NUMBER:			
INVOICE NUMBER:		REGISTRATION NUMBER:	