(For more information visit our website: www.univentraining.co.za)

UNIVEN

CONTINUINGEDUCATION

This is only an application for admission and therefore binding upon neither the applicant northe institution.

**APPLICATION FOR ADMISSION** 

**REGISTRATION FORM IS DEPENDENT ON THE COURSE ONE IS ENROLLED FOR, ALL PAYMENTS** MUST BE PAID AT STANDARD BANK **ACCOUNT NO. 251891364** AND WRITE YOUR I.D NUMBER AS REFERENCE NUMBER.

INTERNATIONAL STUDENTS USE A PASSPORT NUMBER AS REFERENCE. KINDLY ATTACH DEPOSIT SLIP/PROOF OF PAYMENT ON YOUR APPLICATION FORM.

Application forms without Proof of Payment will not be considered.

# INSTRUCTIONS FOR COMPLETING THE

#### FORM

- 1. Complete the form in full and answer all questions.
- 2. Write in block letters in the squares.
- 3. Mark only the appropriate answer with an X in the squares where options are given.

Completed application forms must be returned to the University either by certified/ordinary mail/registered post **before 27 September 2022**  Application Forms can be sent through email to: www.univentraining.co.za OR They can be submitted by hand or personal delivery at UIGC OFFICE COMPLEX, University of Venda, University Rd.

#### Please attach CERTIFIED COPIES of the following:



Reg No: 2017/154622/07 University Road Thohoyandou 0950

Tel: 015 962 8761/9178

Fax: 086 606 9412

Directors: Dr TK Takalani, Mr Thovhele MJ, Mr Botwe and Ms Mativandlela SP

😋 accounts@univentraining.co.za

info@univentraining.co.za www.univentraining.co.za

Copy of scho Academic rec institution)	ol examination res cord and certificate y/Residence Perm	sults certified by scho e of good conduct (if y	Matriculation ol principal (if still at school you have already studied at /SAQA Evaluation Certifica	t a tertiary
ACADEMIC YEAR	2 0		FOR OFFICE US	EONLY
		611	RECEIPT NO.	
STUDENT NO.		TT	AMOUNT	
Degree/Diploma/Certifica	ate for which you wish	to enrol		
First choice		Second cho	bice (if applicable)	
01 Title   Mr Ms   03 Initials	Dr	02 Surname 04 I.D No (If no I.I	D. No. fill in passport num	iber)
Reg No: 2017/154622/07		University of Venda Greating Future Leaders	Tel: 015 962 8761/9178	Fax: 086 606 9412

	First Na	ames			T C P		N		<u><u></u></u>	DU	C A	T	9 N		T	Γ		Τ		٦
06	Maiden	name (if	married)			07	Date	e of birth			08	3	Marita	l stat	us	Τ			_	
						D		М	YEA	R		Si	ngle	;	S	1	Divorce	ed	D	Γ
												М	arried		И	1	Widow/	/er	W	
09	Gender		<b>10</b> Ho	omela	nguage			<b>1</b> 02												
	Male	м	English	E	Afrikaar	ns A		Isind	ebele	в		Northe Sotho	rn	1			Southe Sotho	rn	F	Γ
	Female	F	Swazi	G	Tsonga		1	Tswa	ina	1		Venda	3		J		Xhosa	i.	к	+
	1		Zulu	L I	sindebele					М	01	ther	1							N
11	Church	Depemin	ation				Г	12		ounot	ional	Cator		2			_	-		
13	Church Denomination 12 Occupational Category   Postal Address 14 Account to																			П
				TT		<u> </u>	ГТ	Title			Mr		Ms		Dr		Prof		Rev	Г
							S	Surname	& initia	als										
							A	Address												
	Tel. No.	Posta							_				stal Co							Ļ
	Cel. No.				++-			Cel. No.				POS					-			+
	E-mail.																		-	L

novnele NJ, Mr Botwe and Ms Mativandle

😋 accounts@univentraining.co.za 🛛 😋 info@univentraining.co.za 🎯 www.univentraining.co.za

N	ame	and	add	res	s of		ent	/gu	ardi	aĥ/ı	nex	tof	kih	Not	stā	ying	wi	thy	ou	)
s	urna	me a	nd I	nitia	als				Î				4							
A	ddre	SS																		
						_	-													
					è		~		į		ſ	P	ost	al C	ode	Э				



Reg No: 2017/154622/07 University Road Thohoyandou 0950

Tel: 015 962 8761/9178

Fax: 086 606 9412

Directors: Dr TK Takalani, Mr Thovhele MJ, Mr Botwe and Ms Mativandlela SP

😋 accounts@univentraining.co.za

😋 info@univentraining.co.za 🏾 🗿 www.univentraining.co.za



26	Name of employer	
27	Postal address of employer	Tel. No.
		Area code
	Postal C	Code

**GENERAL INFORMATION** 

PART

В

		EMF	PLOYEF	२	-		PE	RIOD		TYP	E OF WORK	
6	Population						17					
	White	1	Asian		3	-		South Afric		100	Namibia	111
	Coloured	2	Black		4			Countries in	Europe	141	Zimbabwe	111
								Other (furni	sh name)	2 and		
8	If not a S.A	citizen, s	study peri	nit nu	mber.				51			
									1	9	Expiry date	
20	If not a S.A	citizen, v	what sort	of per	mit/visa	a do you	have?					
	Permanen	t residenc	e	Wor	k perm	nit		Asylum s	eeker			_
	Study peri	mit		Per	mit not	yet issue	ed	Refugee	status			
21	Do you ha	ve Medic	al Aid?						YES	NO		
	eg No: 2017/ Iniversity Ro			0050			niversity of realing Futur	a Learland	el: 015 9	962 8761	/9178 Fax	<: 086 606 9



### 29 APPLICANTS WITH DISABILITIES

Higher education institutions are sensitive to your needs. Please indicate if you have conditions requiring assistance.

Blind	Blind Partially sighted				Partial deaf	y		Wheelchair	Crutches/callipers
Paraplegia	Ailments requi		Ep	ilepsy	Cere	ebr	al palsy		
Psychologica difficulty	l or learning		ther etail	(give s)					

33 HIGH SCHOOLS ATTENDED

School Name:\_

SCHO	SCHOOL LEAVING EXAMINATION RESULTS: YEAR OF EXAM													
Natior	nal s	enior certificat	te		Sen 200		tifica	te (prior to	)	National certificate Vocational				
N3/4		HIGCCSE		GCE	A	IB		Other						



Reg No: 2017/154622/07 University Road Thohoyandou 0950

Tel: 015 962 8761/9178

From:

Fax: 086 606 9412

To:

#### Directors: Dr TK Takalani, Mr Thovhele MJ, Mr Botwe and Ms Mativandlela SP

😋 accounts@univentraining.co.za 👘 🤤

😋 info@univentraining.co.za 🛛 www.univentraining.co.za

## PART E | DECLARATION

1. I undertake

1.1 to comply with the rules and regulations of the University of Venda, should my application be successful.

NIVE

CONTINUINGEDUCATION

1.2 to inform the School Administrator immediately, if I change my address, e-mail, telephone or cell number and

1.3 to acquaint myself, with all the rules and general regulations that relate to the program for which I am applying.

2 I/We hereby absolve the University of Venda, its staff, employees, representatives and/or agents from any claims which I/the student may acquire as a result of any injuries which I/the student may receive and/or damages which I/the student may suffer as result of any happening, incident, accident, injury, illness or death however it may have resulted or as a result of my/his/her participation in any tour/outing/excursion/visit or transport which may take place during my/his/her studies at the University.

3. I/We accept that I/the student shall participate in the activities mentioned in paragraph 2 on my/his/her own responsibility and shall voluntarily accept the risk incidental thereto.

- 4 I/We hereby accept liability for the payment of all study, class or other fees which may be charged by the University as a result of my/his/her studies at the University, if the application is successful.
- 5 I am aware that my enrolment is valid only if it complies with the regulations of the program concerned, notwithstanding the acceptance of this application by the University.

#### 6 I declare

- a. that I conclude this agreement with the knowledge and consent of my parents/guardians/employer.
- b. that all particulars given by me on this form are true and correct.



Reg No: 2017/154622/07 University Road Thohoyandou 0950

Tel: 015 962 8761/9178

Fax: 086 606 9412

#### Directors: Dr TK Takalani, Mr Thovhele MJ, Mr Botwe and Ms Mativandlela SP

😋 accounts@univentraining.co.za 👘 😋

😋 info@univentraining.co.za 📵 www.univentraining.co.za



# visit our website (https://www.univentraining.co.za)



Reg No: 2017/154622/07 University Road Thohoyandou 0950

Tel: 015 962 8761/9178

Fax: 086 606 9412

Directors: Dr TK Takalani, Mr Thovhele MJ, Mr Botwe and Ms Mativandlela SP

😋 accounts@univentraining.co.za 👘

O info@univentraining.co.za O www.univentraining.co.za