

### For all programmes, the following documents have to be submitted with your application

One **certified** copy of each of the following documents must be attached (such copies become the property of the University of the Free State and will not be returned)

- Identity document / passport
- Senior certificate
- o Letter from employer/applicable verification to confirm work experience
- Proof of payment for the full tuition fee no later than 21 days prior to commencement date



# Application

Short Loarn	ing Dra	ogra	mn	200.	Ind	licati	o ch	oic	0.0	far	ndic	atio	ND W	i+h	วท	V							
Short Learning Programmes: Indicate choice of application with an x																							
Type on form or complete in block letters and black ink																							
Participant number	er										If yo	u are	e alrea	ady ir	n pos	sses	sion	of a l	JFS p	oartic	ipant ı	numl	ber
I am Employee Wellness Online Programme																							
Work experience (years)																							
Where did you hear about the programme?																							
Dietary requiren	Dietary requirements																						
1. Applican	it deta	ils																					
Title				ı	D nui	mber i	f Sout	th Af	ricar	, [													
First name																							
Middle name																							
Preferred name																							
Surname																							
Gender	О ма	le		(	$\bigcirc$	Fema	ale			) N	on-cor	nform	ning										
Marital status	Ма	rried		(	$\bigcirc$	Single	e																
Date of birth	D I	D		M	M		Υ	Υ		Υ	Υ												
Ethnicity	O A	fricar	า	(	$\supset$	Asian		(	0	Col	oured		C	) wr	nite		(	$\bigcirc$	Othe	er			
2. Home la	nguag	e																					
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English				Se	soth	0					⊢ Ts	shive	enda						siSw	ati			
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3. Details of citizenship (international applicants only)									
Citizenship									
ID number if South	African								
Passport number									
Passport issue date	}	D D M M Y Y Y							
Passport expiry dat	e	D D M M Y Y Y							
Place of issue									
4. Physical address									
Unit number		Street number							
Complex name									
Street name									
Suburb/District		Postal code							
City/Town									
Province									
5. Postal add	dress								
Postal Service	РО Вох	Private Bag							
Number									
Suburb/District		Postal code							
City/Town									
Province									



6. Applicant contact information															
Cellular phone number	er														
Telephone number															
Primary email address	s														
7. Employmer	7. Employment information														
Employer															
Department / Unit															
VAT number															
Contact number															
Building name															
Street name															
Suburb/District											F	Postal	code		
City/Town															
Province															
8. School infor	matio	n													
Name of school:															
Year completed															



### 9. Financial information

#### Bank details

Account details University of the Free State (Tuition fees)

Bank ABSA Brandwag Cheque account 1570151688 Branch code 630734

Reference number Please use 100 participant number (13 characters) as reference

Module name	Module code	Fees per module
I am employee Wellness	IAEW1500S	R 9 500-00

Full payment is due 21 days prior to commencement date of the workshop.

Please sent proof of payment to <a href="mailto:macheuem@ufs.ac.za">macheuem@ufs.ac.za</a>

Contact the Organisational and Employee Wellness Division for enquiries about invoices 051-401 2537

# General information

ADMISSION is subject to the condition that you comply with the admission requirements of the University of the Free State.

Incomplete application forms will not be processed.

Note that closing dates and admission requirements can vary.

Disclaimer: The University of the Free State reserves the right, in its sole and absolute discretion, to withdraw your application to the University, should the attached results, documentation and/or information requested in terms of this form, be found to be erroneous or fraudulent.

The School of Financial Planning Law reserves the right to cancel the workshop due to insufficient application numbers.

### Cancellation

Applicants who cancel this registration later than 21 days before the commencement of a Short Learning Programme, will be liable for 75% of the fees. Cancellations received later than 7 days before the commencement of the Short Learning Programme, will be liable for 100% of the programme fee, as will non-arrivals be liable for the full programme fee. Participants who have enrolled for a Short Learning Programme and wish to discontinue their studies will be liable for 100% of the programme fee. No refunds will be granted in this regard. The cancellation of any Short Learning Programme has to be submitted in writing to the Organisational Development and Employee Wellness Division.

Signature of applicant	Date	



# **Declaration**

Please read this carefully before signing.

I, the applicant, hereby:

- (a) Declare that all information in this document is true and correct.
- (b) Grant permission to the University of the Free State to enquire about and verify my qualifications already obtained, or any other information entered on this application form.
- (c) Declare that all information in this document is true and correct, and that I voluntarily provide the University of the Free State with the information contained in this document, and consent to the University of the Free State -
  - Collecting this information, and
  - Processing this information to enable the University of the Free State to consider and process my application.
- (d) Acknowledge that in the event that my uploaded documents and/or information, as contemplated in clause (c) above, are found to be fraudulent, the University of the Free State reserves its right, in its absolute and sole discretion, to withdraw my admission to the University of the Free State.
- (e) Acknowledge that the University is not under any obligation to accept me as a participant, and that admission to the University is the prerogative of the applicable University selection office under which my studies will fall.
- (f) Acknowledge that I am submitting this application freely and voluntarily. If I am a legal minor, I confirm that my legal guardian/parent is fully aware and supportive of my application to this institution.
- (g) Understand that acceptance of my application does not obligate me to study at this institution, nor does it imply that I am automatically regarded as a particiapant, until I have formally registered as such and have paid the required fees, as stipulated in the University guidelines.
- (h) Grant the University the right to provide my information to the relevant bodies in order to capture continuous professional development information.

development information.		
Signature of applicant	Date	