

2. EMPLOYMENT INFORMATION

Name of company/Institution			
Employment full time/part time	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	
Address of Company/Institution			
Post Code		Telephone No. (Work)	

How did you hear of this opportunity? You may tick more than one box.

Radio	Flyer	Friend	Newspaper	Website	Facebook	Other (Name other)
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3. DECLARATION, UNDERSTANDING AND APPLICATION CONDITIONS

I am aware that the number of applications received, may outnumber the spaces available at the institution. Therefore, I understand that the minimum requirements for application do not guarantee admission to the institution.

If my application is successful and I accept the place to study at SANTS,

1. I undertake:
 - 1.1 To comply with the procedures, rules and regulations of SANTS.
 - 1.2 To inform the Administration Department immediately, in writing, if I change my address, telephone number or surname.
 - 1.3 To acquaint myself with all the rules and general regulations that relate to the diploma for which I am applying.
2. I/We hereby accept liability for the payment of all the tuition fees or other fees which may be charged by SANTS as a result of my/his/her studies at SANTS as described in the Information Brochure.
3. I am aware that my enrolment is valid only if it complies with the regulations of the qualification concerned, notwithstanding the acceptance of this application by SANTS.
4. I/We accept the responsibility of submitting all documents required by SANTS before the stipulated due dates.
5. I declare:
 - 5.1 The information contained herein is true and correct and SANTS shall be entitled to declare the contract void and cancel my registration if I have made any misrepresentation or omission on this application.

Signature of Student _____ Date: _____

To be completed with the assistance of Parent/Guardian/Spouse where an applicant is not financially independent or/and under the age of 18 years (a minor).

6. I declare:
 - 6.1 That I make this application and give the declarations and understandings with the knowledge and consent of my parent/guardian and employer (if applicable).

Signature of Student _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

Tear off -----

SANTS BANKING DETAILS	
Account Holder	SANTS
Bank	First National Bank
Branch	Menlyn
Branch Code	252-445
Account Number	62438872261
Reference	Applicant's ID Number and Surname

Postal Address:

SANTS
PO Box 72328
Lynnwood Ridge, 0040

Enquiries: 087 353 2504 or
info@sants.co.za

Fax no: 012 348 7037