

**SHORT LEARNING PROGRAMME APPLICATION FORM**

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| **COURSE NAME:****COURSE START DATE:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **YOUR DETAILS** |
| Identity number/passport number: |  |  |  |  |  |  |  |  |  |  |  |  |  | Date of birth: |  |  | / |  |  | / |  |  |  |  |
| Surname: Full names:Student number:Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Gender | Male |  | Female |  | Title | Ms |  | Mr |  | Other |  |  |  |  |  |

**Y OU R C ON TA C T D E TA ILS**

Physical address:

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City:

Country:

Postal address:

*(IF NOT THE SAME AS PHYSICAL ADDRESS)*

City:

Country:

Email address:

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| Work phone:Home phone: Cellphone: |  |  |  | - |  |  |  |  |  |  |  |  | Please tick if you want to **opt-in** to receive any promotional material of upcoming courses in the future |  |
|  |  |  | - |  |  |  |  |  |  |  |  | Preferred method of correspondence |  | SMS |  | Email |
|  |  |  | - |  |  |  |  |  |  |  |  | How did you hear about us? |  | Advertisement |  | Internet |
|  | Brochure |  | Word of mouth |

**YOUR QUALIFICATIONS**

Highest academic qualification:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Grade 12 |  | Diploma |  | Degree |  | Post graduate degree | Year Completed: |  |  |  |  |
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Membership of professional association/body:

Registration number:

*(If applicable)*

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| **YOUR EMPLOYER/OCCUPATIONAL DETAILS** |
| Company/Institution name: Occupation/Job Title:Work phone: Physical address:City:Country:Postal address:*(IF NOT THE SAME AS PHYSICAL ADDRESS)*City:Country: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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***DECLARATIONS:***

1. Academic Integrity:

I understand and agree that all work submitted by me will be my own original work. I will not engage in plagiarism, cheating, or any form of academic dishonesty. I am aware that any violation of academic integrity may lead to immediate dismissal from the programme.

1. Programme Participation:

I commit to actively participating in all aspects of the short learning programme, including attending classes, completing assignments, and engaging in discussions. I understand that my success in the programme depends on my dedication and involvement.

1. Programme Fee:

I acknowledge that the programme fee is non-refundable once I am accepted into the programme. I will adhere to the payment schedule and methods provided by the programme administrators.

1. Data Privacy:

I consent to the collection and processing of my personal information provided in this application for the purpose of Programme administration and communication. I understand that my information will be treated confidentially and will not be shared with third parties without my explicit consent.

1. Programme Changes:

I understand that the programme details, including schedule, instructors, and curriculum, are subject to change by the Programme organisers. I will be notified of any significant changes in advance.

1. Acceptance and Rejection:

I understand that the submission of this application does not guarantee my acceptance into the programme. I will be notified of the outcome of my application via the contact information provided.

1. Health and Safety:

I will abide by any health and safety guidelines set forth by the programme me organizers, including any COVID-19- related protocols if applicable.

1. Liability Release:

I release the programme organizers, instructors, and affiliated institutions from any liability for any injury, loss, or damage that may occur during my participation in the programme.

1. Communication:

I agree to receive communications related to the programme, including announcements, updates, and relevant information via email or other means of communication provided.

I have read and understood the above declarations, and I agree to abide by them throughout my participation in the short learning programme.

Signature:

Date:

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**Please note**:

This application form must be accompanied by:

1. Certified copy of ID
2. Certified copy of matric certificate

For submission of application form please email the completed form and required documents to: dslp@wsu.ac.za