

KUNOKHANYA TRAINING ACADEMY



30 Von Brandis & Main Streets
 Blooms Building
 Johannesburg CBD
 Tel: (011) 331 0205 / 082 3469 676
 Email: kunokhanya@safrica.com

HWSETA Reg: HW591PA166719
 QCTO Reg: 07-QCTO/SDP130623135748

LEARNER ADMISSION APPLICATION FORM

Surname				Full names			
Date of birth				Country of Birth			
ID/ Passport Number				Cell Number			
Gender	Male			Female		Other	
Race	Black			White		Coloured	
Home language							
Citizenship							
English Language Capabilities	Speak		Read		Write:		
Learning Programme Applied For	QUALIFICATIONS			SKILLS PROGRAMME			
	Health Promotion Officer 3			Home Based Care Giver 1			
	Community Health Work 4			Home Based Personal Care Assistant 2			
	OPTIONAL PROGRAMMES						
Introduction to Computers (Non-Accredited)							
How do you want to attend?	Full Time				Part Time		
Highest School Grade Achieved							
Most Recent Post School Activity (e.g. employment; volunteering etc.)							
Activity		Place			Duration		
How did Kunokhanya get to your attention? Tick appropriate box.							
Facebook		Current Student		Former Student		Other College	
Internet		Parent/Guardian		Premises		Street Board	
Before you submit your application please complete (Indicate by a tick where submission has been made)							
I have included certified copy of my ID/passport				Uniform Details			
I have indicated my preferred programme				Top		Size	
I have attached 2 photos				T-Shirt		Size.....	
I have included certified copies of academic certificates							

TERMS AND CONDITIONS

1. Registration fee is non-refundable.
2. All monthly installments are paid in advance and must be paid before the 1st day of each month.

I, _____ Identity Number: _____

- a) do accept and agree to the terms and conditions of registration at Kunokhanya and solemnly declare that the information provided above is correct.
- b) Do accept and agree that I will pay all monthly installments on or before the first day of each of training.

Signature: _____ Date: _____

POPI ACT AGREEMENT AND CONSENT DECLARATION

In conducting its business Kunokhanya will collect and/or receive, process, and share its clients' personal information with various third parties (HWSETA, QCTO, and DHET), government structures, other stakeholders doing business with Kunokhanya and customers that visit our website and our social media platforms.

Kunokhanya collects and processes information in order to service data subjects and stakeholders for the following purposes:

- Reporting enrolments and achievements of programmes to HWSETA, QCTO and DHET.
- Providing personalised communications to its clients.

Kunokhanya Declaration

I, Samson Shava, Principal of Kunokhanya Training Academy am obliged in terms of the law, and undertakes to implement all reasonable steps to protect the personal information of any client of this organisation.



S. Shava
(Principal)

Client Declaration

I,, agree/do not agree to have my personal information used by Kunokhanya in order for Kunokhanya to fulfil the training requirements as dictated by the stakeholders and regulatory bodies. By agreeing to this, I authorise Kunokhanya to share this information with stakeholders responsibly and appropriately.

.....
Signature

.....
Date

FOR OFFICE USE ONLY

1. State highest level of schooling attained by applicant: _____	
2. How many subjects did applicant pass? _____	
3. When did applicant achieve result used for this application? _____	
4. For how long has the applicant been out of school? _____	
5. Does the Applicant meet the Minimum Requirements for Course applied for?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Has the student paid the requisite registration fee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommendation:	Approved <input type="checkbox"/> Not approved <input type="checkbox"/>
Student Number Allocated: _____	
Official's Signature: _____	Date: _____