

# STUDENT APPLICATION FORM

A NON-REFUNDABLE APPLICATION FEE OF R100.00 IS PAYABLE UPON APPLICATION, TOGETHER WITH THE SUBMISSION OF ALL SUPPORTING DOCUMENTATION

**INSTRUCTIONS:** Please PRINT CLEARLY and legibly. Please tick (✓) the appropriate box. All fields to be completed.

DATE OF APPLICATION:	DISTANCE LEARNING	or	ONSITE CLASS
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PLEASE INDICATE WHICH COURSE YOU ARE APPLYING FOR:	L 4	L 5	COMBO
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REFERRED BY:	
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## SECTION 1: STUDENT PERSONAL DETAILS

APPLICATION YEAR***	2	0			TITLE:	Miss	Mrs	Ms	Mr
STUDENT SURNAME*** <i>Print name clearly as in SA ID book</i>									
STUDENT FIRST NAME*** <i>Print name clearly as in SA ID book</i>									
MAIDEN SURNAME*** <i>(If married)</i>									
IDENTITY / PASSPORT NUMBER***									
DISABILITY*** <i>(Required by SAQA)</i>	Yes	No	If Yes, please specify: _____						
HOW DID YOU HEAR ABOUT TLC?	Website	TLC Student	ECD Principal	Office Inquiry	Other				
HAVE YOU EVER APPLIED FOR ANY ECD COURSE PREVIOUSLY?***	Yes	No	If Yes, Name of institution		Date of registration:				

## SECTION 2: CONTACT DETAILS

PHYSICAL ADDRESS***									
	City:					Postal Code:			
POSTAL ADDRESS*** <i>(if different from physical address)</i>									
	City:					Postal Code:			
NAME OF MUNICIPALITY***									
LANDLINE NUMBER***									
CELL NUMBER***									
E-MAIL ADDRESS***									

SECTION 3: PREVIOUS QUALIFICATIONS AND WORK EXPERIENCE				
MATRIC CERTIFICATE***	Yes	No	If No, please state highest Grade passed:	
NAME OF LAST SCHOOL***				
LAST SCHOOL ATTENDED (ADDRESS)***				
	City:		Postal Code:	
LAST SCHOOL YEAR***				
MATRIC SUBJECTS PASSED***	Maths or Maths Lit		English Comm.	Second Language
ANY ECD QUALIFICATIONS*** Please include the name of the institution(s)	Yes	No	If yes, state qualification(s) and attach these qualification(s) to this form.	
ANY ECD WORK EXPERIENCE***	Yes	No	If yes, please state length of experience: ---(years/months) and position:	

SECTION 4: APPLICATION CHECKLIST	
<p><b>NOTE: Before submitting this application form, please ensure that you have attached the following mandatory documentation. Your application <u>will not be processed</u> unless these are submitted. Tick the appropriate column.</b></p>	
1. <u>Certified</u> copy of your Identity Document	
2. <u>Certified</u> copy of your Matric Certificate (if applicable) OR highest school qualification. For entry into Level 5 you need to provide your Level 4 statement of results	
3. Copies of ECD certificates, workshops, etc, (if applicable)	
4. Two (2) passport size photographs	
5. A brief Curriculum Vitae (CV)	
6. Proof of payment of the application fee of R100.00	
7. <u>Certified</u> copy of Study Permit if you are not a South African citizen or a permanent resident	

## THIS SECTION IS TO BE DETACHED AND RETURNED TO STUDENT

STUDENT NAME: \_\_\_\_\_

**KEEP THIS DOCUMENT IN A SAFE PLACE.** It contains important information and is a reminder of your financial commitment.

### 1. TEACHERS LEARNING CENTRE HEAD OFFICE ORMONDE HEAD OFFICE:

Physical Address: 100 Northern Parkway Road  
Crownwood Park Office  
Block B, Second Floor  
Ormonde, Johannesburg South  
2091

Tel: (011) 496 1262  
E-mail: [tlcoffice@telkomsa.net](mailto:tlcoffice@telkomsa.net)  
Website: [www.teacherslearningcentre.co.za](http://www.teacherslearningcentre.co.za)

### 2. BANKING DETAILS

ACCOUNT HOLDER	TEACHERS LEARNING CENTRE
ACCOUNT NUMBER	6223 2462 250
BANK	FIRST NATIONAL BANK
BRANCH	THE GLEN
BANK CODE	259 605

**Note:**

Please use your **NAME AND SURNAME** as a reference when paying electronically or making an ATM bank deposit (NO CASH DEPOSITS).

### 3. PAYMENT OPTION DETAILS

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(Fill in details of payment option from Section 7 of the Registration Form)

A non-refundable Application Fee of **R100.00 is payable** on submission of this application form.