



Application for Admission Aansoek om Toelating



GLEN AGRICULTURAL COLLEGE



GLEN AGRICULTURAL COLLEGE

GENERAL INFORMATION AND INSTRUCTIONS

This form must be completed in full. Incomplete application forms will not be processed.

Certified Copies of the following documents must be submitted together with your application.

- An Identification Document
- National Senior Certificate (Grade 12) or equivalent qualification. An applicant may apply with Grade 12 June results.
- Applicants who wish to complete their studies with Glen Agricultural College must submit official proof that they have complied with all the requirements for a Diploma in Agriculture.
- Admission criteria – Mathematics, Mathematics Literacy (60% or above pass rate) Physical Science, Accounting, Agriculture and Biology are compulsory subjects for admission at Glen Agricultural College

Admission is subject to the condition that an applicant complies with the admission criteria.

No cash will be accepted with the applications received by post or delivered personally.

NON-REFUNDABLE APPLICATION FEE

An application fee of R150.00 is payable for application to study.

Method of Payment:

Direct Deposit into the following account:

Bank: First National Bank

Account Name: Studente Unie Glen Landboukollege

Account number: 51713258379

Please provide your identity or passport number as reference on the deposit slip when paying at the bank or via internet.

The Registrar
Glen Agricultural College
Private Bag x01
Glen
9360

Telephone:

051 861 8316 /

051 861 8314

Closing date:31 October 2015

Postal address: (if different from residential address) **Posadres:** (indien verskil van woonadres)

Poskode: **Prefer**
Verkiek kommunikasie deur:

Email/E-pos Post/Pos

Postal code:
communication via:

2.2 LANGUAGES (Mark with an X where applicable)
TALE (Merk met 'n X waar van toepassing)

Home language: Huistaal:	<input type="checkbox"/> Afrikaans	<input type="checkbox"/> Setswana Tswana	<input type="checkbox"/> isiNdebele Ndebele	<input type="checkbox"/> Xitsonga Tsonga
	<input type="checkbox"/> English Engels	<input type="checkbox"/> Sesotho Suid-Sotho	<input type="checkbox"/> siSwati Swati	<input type="checkbox"/> Sesotho sa Leboa
	<input type="checkbox"/> isiZulu Zulu	<input type="checkbox"/> isiXhosa Xhosa	<input type="checkbox"/> Tshivenda Venda	<input type="checkbox"/> Noord-Sotho
				<input type="checkbox"/> Other Ander

3. DETAILS OF PARENT/GUARDIAN/OTHER RESPONSIBLE PERSON SUCH AS NEXT OF KIN (IN CASE OF AN EMERGENCY):

KONTAKBESONDERHEDE VAN OUER/VOOG/ANDER VERANTWOORDELIKE PERSOON SOOS NAASBESTAANDE (IN GEVAL VAN NOOD):

Surname:Initials:
Van:Voorletters:

Relationship:Title:
Verwantskap:Titel:

ID number:

ID-nommer: (Home/Huis) EXAMPLE: 0510009900

Telephone numbers:VOORBEELD: 0510009900
Telefoonnommers:(Work/Werk)

Cellphone number:
Selfoonnommer:

Email address: E-posadres:

Residential address:
(No postal address must be indicated here)

Woonadres:
(Geen posadres moet hier aangedui)
Postal code: word nie)

Postal address: (if different from residential address) (Where mail must be delivered)

Posadres: (indien verskil van woonadres)
Postal code:
(Waar pos afgelewer moet word)
Poskode:

4. SCHOOL SUBJECTS (for languages, please state whether 1st, 2nd or 3rd language) / Current Grade 12 learner
SKOOLVAKKE (by tale, dui asb aan 1ste, 2de of 3de taal) / Huidige graad 12-leerder



GLEN AGRICULTURAL COLLEGE

AUTHORISATION FOR MEDICAL SURGERY (MEDICAL OPERATIONS)

Should the circumstances be such that it is impossible to gain permission beforehand, I hereby grant authority to the Head of Glen Agricultural College or their assignee, in case it should, in an emergency be necessary to perform an operation on my son/daughter/foster-son/foster-daughter to give the necessary permission to the hospital authority. I undertake to pay all the hospital and or medical expenses that may be incurred.

MEDICAL AID DETAILS

Name:
Number:
Name of Family Doctor:
Practice no:
Tel:

Do you suffer from or have any condition that is related to chronic medical indisposition (eg. Allergies, diabetes, epilepsy, dyslexic, hyper-tension, handicap etc)? YES NO

If YES, Specify

HEALTH CERTIFICATE *(This section must be completed by a Medical Doctor)*

I declare that I examined on and found him/her to be in good health, free of any handicap or sicknesses that can prevent him/her to follow a training course at Glen Agricultural College successfully. I realise that this course includes practical work that makes high physical demands, and that, amongst others, his/her sight and hearing must be good to be able to utilise lectures and practicals effectively.

Comments

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.....
.....

(DOCTOR'S SIGNATURE)

Practice no:

Tel:



GLEN AGRICULTURAL COLLEGE

PREGNANCY DECLARATION

I
(NAME / SURNAME)

realise that the right to exercise a choice that pertains to my sexual activity is a personal responsibility, and the Glen Agricultural College 's obligation towards me is of an academic nature, albeit that the College provides counselling on health and sexual matters to the students.

I also take note that the college's medical and social services are not geared to deal with pre-natal care and that for the sake of a healthy pregnancy, I have to visit the appropriate institutions for this purpose at my own cost for transport and medical fees.

I realize that if I fall pregnant, I will not have available to me the medical and social service on the campus, and that I will be allowed to remain in the residence up to 20 weeks of the pregnancy, as specified by the medical practitioner of my choice whence I will, for the sake of my own health and that of my unborn child, leave the residence. If the pregnancy is only diagnosed after 20 weeks, I will leave the residence within seven days.

I take note, after giving birth, and a room is available, I may again return to the residence. If I will be subject to the rules and conditions that apply to other members of the residence. I realize that there are no facilities for babies and older children in the residence, and that they, for the sake of maintaining an academic atmosphere, will not be allowed to stay in the residence overnight or be accommodated in the residence.

(SIGNATURE)



GLEN AGRICULTURAL COLLEGE

INDEMNITY

1. I..... hereby
(NAME / SURNAME)

1.1. declare that the information submitted in the form is true.

1.2. Acknowledge and declare that should as a result of my attending the Glen Agricultural College, whether during or in the course of training or not, sustain bodily injury, death or suffer any damage whatsoever to my property, as a result of the use of any transport or if caused by animals or implements or other students or as a result of any cause whatsoever and under any circumstances whatsoever, whether or not such injury or death or damage may arise out of or may have any connection with any negligence, failure or incompetence on the part of any employee or officer of the State or persons acting on instructions by an officer of the state, the State shall not be held liable to me, my assigns, my heirs and not my dependants, I do hereby indemnify, hold harmless and absolve the State, its officers and employees and persons acting in instructions by an officer of the State against and from any claim of damage whatsoever and any legal expenses or costs, which may arise out of my attending the Glen Agricultural College as aforesaid, which damage, expenses or costs may be claimed by any person whatsoever

2. I declare, agree and undertake in contract with the Glen Agricultural College

2.1. to submit myself, for the entire duration of registration as full time student at Glen Agricultural College, to the rules and regulations as stipulated by the Head of the Institution, such rules can, without prior notice, be modified. I undertake to abide by the rules as soon as I have received and read them.

2.2. To submit myself to any disciplinary steps which are reported against me, including the right of the Head of the Institution to expel me due to a serious infringement, if I in his or her opinion was guilty of the infringement of the rules or of serious misbehaviour whether on the terrain of Glen Agricultural College or outside.

2.3. To pay, in full, the indebted money of each year, until my course is completed, or if I discontinue my studies, to advise the Head of the Institution in writing. Fees are strictly payable in advance for every term.

2.4. In case I am expelled from the course, to remain accountable for any money which might still be outstanding.

2.5. In case I owe any outstanding money that I will advise the Head of the Institute, in writing, of any change of address after I have left the Glen Agricultural College.

3. This Contract will be valid and applicable for the full duration of my studies.

Signed on.....at.....

(SIGNATURE)

(PARENT/GUARDIAN)

(WITNESS)

(WITNESS)



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The Registrar
Glen Agricultural College
Private Bag X1
Glen 9360

Tel: 051 861 8316 /
Tel: 051 861 8313