



WESTERN CAPE COLLEGE OF NURSING (WCCN)

APPLICATION FOR NURSING STUDIES

GUIDE TO COMPLETE THE APPLICATION FORM

Please read the information and instructions carefully before completing the application form.

Nurse training programmes differ from campus to campus, therefore take cognisance when you apply that you correctly identify the programme you wish to study.

Campus preference for undergraduate will be considered, but acceptance at a campus remains the discretion of the College

Undergraduate nursing studies offered at: Athlone campus, George campus and Worcester campus

Psychiatric component of programme will be offered at: Metro East (Stikland) campus

Prospective students, who handed in applications, should contact the Western Cape College of Nursing (WCCN) at the campus of preference:

Boland Overberg Campus (Worcester): 023 347 0732/52

Metro West Campus (Athlone): 021 684 1200 South Cape Karoo Campus (George): 044 803 1700

If accepted, acceptance letters will be available at the campus of preference

No guarantee can be given that funding will be granted to students. All prospective students must make provision to pay for Application/Registration/Study/Residential fees!

PLEASE READ THE FOLLOWING CAREFULLY PRIOR TO COMPLETION OF THE APPLICATION FORM

- 1. General
- 1.1 NB: **Only one (1)** application form per student is allowed. Any additional applications will not be processed
- 1.2 This form must be completed by **all** students who apply to the Western Cape College of Nursing **for the first time**. Students with a break in their studies of a year or more must re-apply to continue their studies.
- 1.3 Ensure that this application form is completed in full and that certified copies of all supporting documents are enclosed (DATED CERTIFIED COPIES MUST BE LESS THAN THREE (3) MONTHS OLD).
- 1.4 **COMPLETE THE FORM IN PERMANENT BLACK INK AND USE BLOCK LETTERS**. Incomplete areas, enclosing uncertified documents or no documents, or if the contract is not signed will cause a delay in processing the application.
- 1.5 Proof of payment of the application fee (original bank deposit slip or EFT notification of payment), or certified copy of thereof, is enclosed with the application form. (Non –Refundable R150.00 application fee)
- 1.6 The closing date for applications for the next academic year is 15 October 2018
- 1.7 NO late applications will be accepted

- 1.7 The Four-Year Course Leading to Registration as a Nurse (General, Psychiatric, and Community) and Midwife will be presented at the following WCCN Campuses
 - a) Metro West Campus (Athlone); b) Boland Overberg Campus (Worcester); c) Southern Cape Karoo Campus (George)and Metro East Campus (Stikland)

1.5.1 THE CLOSING DATE FOR APPLICATIONS FOR THE 2019 ACADEMIC YEAR IS 15 OCTOBER 2018

1.5.2 NO late applications will be accepted.

1.6 Contact the Admissions Office for enquiries, at +27(0) 23 347 0732 (Ms Alicia Smith, Worcester Campus), +27 (0)44 803 1700 (George Campus), +27(0)21 684 1200 (Athlone Campus)

2. Admission requirements

- 2.1 Consult WCCN brochures/Pamphlet for minimum admission and specific qualification requirements.
- 2.2 Senior Certificates with subjects on Higher and/or Standard Grade (pre-2008 is accepted provided they comply to 2.1.)
- 2.3 All candidates who comply with the minimum requirements will be invited for an interview.
- 2.4 Prospective candidates will be informed via email/sms/WhatsApp by latest **30 November 2018** on their selection *Status*.

3. Documents MUST be submitted with the application form

- 3.1 A certified copy (less than three (3) months old) of page one of your Identity Document/Card
- 3.2 A certified copy (less than three (3) months old) of your National Senior Certificate or equivalent qualification, still in Grade 12, marks obtained at the end of grade 11 together with your most recent Grade 12 marks must be submitted.
- 3.3 If you attended any higher education institution, an original Academic Record and a Certificate of Conduct must accompany application form.
- 3.4 Submit certified copies (less than three (3) months old) of certificates/diplomas/degrees obtained previously. In case the name on the National Senior Certificate or equivalent qualification differs from the name of the national identity document and on the application form, evidence needs to be included to verify the difference. The same applies when the ID number differs.

WCCN reserves the right to verify and take legal action if documents are not authentic. Application will not be accepted

4. Application Fee

4.1 Proof of payment of the application fee (original bank deposit slip or EFT notification of payment), or certified copy thereof, is enclosed with the application form. (Non –Refundable R150.00 application fee)

Please deposit Application fee into the following Bank account:

Department of Health

Nedbank

Branch No: 145209 Account No: 1452054975

Deposit Reference: WCCNAppFee / SA ID Number

NB: Please attach the original proof of payment to the Application Form

SECTION B: WHERE TO SEND YOUR APPLICATION

ADDRESS YOUR APPLICATION TO THE ADMISSIONS OFFICE AT THE POSTAL ADDRESS AS INDICATED

NB: Please check the campus(es) and address your completed application form to the campus where the programme is offered.

CAMPUS	ADDRESS
Athlone – Metro West Campus	Western Cape College of Nursing, Private Bag X 2, Surwell, 7762
Worcester – Boland Overberg Campus	Department of Health, Private Bag X 3113, Worcester, 6849
George – South Cape Karoo Campus	1 Herrie Street, Dormehlsdrift, George 6530



APPLICATI	ON FOR	NURSI	ING S	STUDI	ES [
For office use	only.							
Form checked	Date			Name		Sią	gned	
Form captured	Date			Name		Si	gned	

Please choose your preferred campus. Tick the appropriate box

Please attach the orig	inal	proo	f of p	aym	ent																
Have you studied at/ap	plied	to W	CCN I	oefor	e?												Ye	es		No	
If YES, please supply you	ır stu	ident	num	ber																	
Have you studied at/ap	plied	to a ¡	previ	ous N	ursin	g Col	lege			•	•		•	•			Ye	es		No	
If YES, please supply you previous nursing college					r ind	icate	the n	ame	of the												
Have you studied at/ap					befor	e					I .						Ye	es		No	
If YES, please supply you previous university you				ber o	r ind	icate	the n	ame	of the												
Title (e.g. Mr, Ms)										Init	ials							'			
			1	1		1			· · · ·												
Surname																					
First name																					
NB: Applications will NOT b	e pro	cesse	d with	out a	certi	ified c	opy (I	ess th	an thr	ee (3) mon	ths ol	d) of t	he ap	plic	ant`s l	D or	pas	spor	ŧ	
SA Identity number																					
Passport number																					
Date of birth	D	D	М	М	Y	Υ	Y	Υ]												
Gender	MA	LE		FEN	1ALE				1												
Population Group	BLA	CK		COL	OUR	ED		INDIA	N		W	HITE			(OTHER	R				
Home language																					
Have you been convicted for a criminal offence? Indicate proposed full	Yes		der-	No grad	luat	e nu	ırsin	ıg pr	ogra	m y	ou w	vish t	o stu	dy:							
				J				5 F	J - J -	,				•							

Athlone

Worcester

George

Did you attach the		•				YE			NO								
For office use	only.	Tick the	appropr	iate box	Fill in	the det	ails ar	ıd sta	mp as i	indicat	ted						
	-		T T =					1		1 1.							
CHOICE	٨٠٠	ontod	1 1	isionally		Dojecto	4	Wa list	iting		Further Evaluatio		Da	+-			
Reason for rejection		epted	acce	pted		Rejecte Name	u	list			Evaluation	•		natur	e		
(compulsory)																	
Comment						Name							Sig	natur	е		
DEPARTMENT																	
STAMP	Receipt	/Bank De	posit numb	er Date	<u> </u>	An	nount				Cashie	r (Prin	t, Initia	l and S	Surnar	ne)	
				I.													
PRESENT ACTIVITY	BEFOR	RE YOU	START	YOUR S	TUDIES	(Infor	matio	n red	quired	for G	overnme	ent r	eporti	ng a	nd s	tatis	stical
purposes) Tick the a	proprio	ate box.															
						1						I					
University stude						 			stude								
University of Te	chnolo	ogy stu	ident at	:			FET/	TVET	colle	ge stu	ıdent						
Other (e.g. Labo	ur for	ce, un	employ	ed, spe	cify)												
Tick the appropriat	1																
Are you applying residence	for	Yes	No If YI	ES please	comple	ote the F	Resider	nce Ar	nlicatio	n and	contract	sectio	n of th	ne anr	olicati	on fo	ırm
residence		103	110 11 11	LO picase	compi	ote the i	tesiaei	100 Ap	piicacio	a.i.a	Contract	Jecuio		ic up	Jiicati	01110	,,,,,,,
				1									1				
Passport number				1 st year	r	2 nd ye	ear		3 rd yea	ar	4 th ye	ar					
						1		Į.									
					1		ı										
CONTACT DETAILS	(COMI	PULSAI	RY)		•	•					<u> </u>						
CONTACT DETAILS RESIDENTIAL DETAI	•			nanently) Attac	h a cer	tified (сору	of proo	f of ad	dress no	ot old	er tha	n 3 r	nont	hs	
	•			nanently) Attac	h a cer	tified (сору	of proo	f of ad	ldress no	t old	er tha	ın 3 r	mont	hs	
	•			nanently) Attac	h a ceri	tified (сору	of proo	f of ad	ldress no	ot old	er tha	ın 3 r	nont	hs	
RESIDENTIAL DETAI	•			nanently) Attac	h a cer	tified (сору	of proo	f of ac	dress no	ot old	er tha	nn 3 r	mont	hs	
	•			nanently) Attac	h a cer	tified (сору	of proo	f of ad	ldress no	ot old	er tha	nn 3 r	nont	hs	
Address	•			nanently) Attac	h a cer	tified (сору	of proo		dress no		er tha	nn 3 r	mont	hs	
RESIDENTIAL DETAI	•			nanently) Attac	h a cer	tified (сору	of proo				er tha	ın 3 r	mont	hs	
Address	•			nanently	Attac	h a cer	tified (сору	of proo				er tha	nn 3 r	nont	hs	
Address Telephone (home)	•			nanently	Attac	h a ceri	tified (сору	of proo				er tha	nn 3 r	mont	hs	
Address Telephone (home) Telephone (work)	•			nanently) Attac	h a cer	tified o	сору	of proo				er tha	nn 3 r	mont	hs	
Address Telephone (home) Telephone (work) Cell phone	•			nanently	Attac	h a ceri	tified (copy	of proo				er tha	nn 3 r	mont	hs	
Address Telephone (home) Telephone (work) Cell phone	LS (who	ere you	live pern							Po	ostal cod	e					tths
Address Telephone (home) Telephone (work) Cell phone Email address ACCOUNT DETAILS (not employer, spons	LS (who	ere you	live pern	lyment of	fees' de	etail)) A	Attach a	a certi	ified cop	Po py of pr	ostal cod	e	not old	der th	nan 3		tths
Address Telephone (home) Telephone (work) Cell phone Email address ACCOUNT DETAILS (not employer, spons) Surname	LS (who	ere you	son for pa	nyment of	fees' de	etail)) A	Attach a	a certi	ified cop	Po py of pr	ostal cod	e	not old	der th	nan 3		tths
Address Telephone (home) Telephone (work) Cell phone Email address ACCOUNT DETAILS (not employer, spons Surname Title (e.g. Mr, Mrs)	(responsor or bu	ere you	live pern	nyment of	fees' de	etail)) A	Attach a	a certi	ified cop	Po py of pr	ostal cod	e	not old	der th	nan 3		ths
Address Telephone (home) Telephone (work) Cell phone Email address ACCOUNT DETAILS (not employer, spons Surname Title (e.g. Mr, Mrs) ID number	LS (who	ere you	son for pa	nyment of	fees' de	etail)) A	Attach a	a certi	ified cop	Po py of pr	ostal cod	e	not old	der th	nan 3		tths
Address Telephone (home) Telephone (work) Cell phone Email address ACCOUNT DETAILS (not employer, spons Surname Title (e.g. Mr, Mrs) ID number responsible person	(responsor or bu	ere you	son for pa	nyment of	fees' de	etail)) A	Attach a	a certi	ified cop	Po py of pr	ostal cod	e	not old	der th	nan 3		ths
Address Telephone (home) Telephone (work) Cell phone Email address ACCOUNT DETAILS (not employer, spons Surname Title (e.g. Mr, Mrs) ID number	(responsor or bu	ere you	son for pa	nyment of	fees' de	etail)) A	Attach a	a certi	ified cop	Po py of pr	ostal cod	e	not old	der th	nan 3		tths
Address Telephone (home) Telephone (work) Cell phone Email address ACCOUNT DETAILS (not employer, spons Surname Title (e.g. Mr, Mrs) ID number responsible person Relationship (e.g. fa	(responsor or bu	ere you	son for pa	nyment of	fees' de	etail)) A	Attach a	a certi	ified cop	Po py of pr	ostal cod	e	not old	der th	nan 3		ths
Address Telephone (home) Telephone (work) Cell phone Email address ACCOUNT DETAILS (not employer, spons Surname Title (e.g. Mr, Mrs) ID number responsible person Relationship (e.g. fa	(responsor or bu	ere you	son for pa	nyment of	fees' de	etail)) A	Attach a	a certi	ified cop	Po py of pr	ostal cod	e	not old	der th	nan 3		ths
Address Telephone (home) Telephone (work) Cell phone Email address ACCOUNT DETAILS (not employer, spons Surname Title (e.g. Mr, Mrs) ID number responsible person Relationship (e.g. fa	(responsor or bu	ere you	son for pa	nyment of	fees' de	etail)) A	Attach a	a certi	ified cop	Po py of pr	ostal cod	e	not old	der th	nan 3		ths

Telenho	ne (work)																					
. C.Cpiioi	ne (home)									1												
Cell pho	ne																					
Email ad	dress																					
						ı	ı	1					1		ı		ı		1		ı	
CONTAC	T DETAILS N	lext of	Kin ((e.g. f	fathe	r, mo	ther	, spoi	ıse).	This i	nforn	natio	n is re	equire	d in c	ase o	f em	ergen	icy et	c.		
Surname	9																					
Title (e.g	g. Mr, Mrs)				Initi	ials																
Relation	ship (e.g. fat	ther)																				
Postal	address	,			ı	ı	1	1					1				ı		ı			
(contact	able																					
permane														1					1	1	1	1
address)		<u> </u>			1	l		1	1				1		Posta	l cod	e					
-	ne (work)									\perp												<u>_</u>
	ne (home)									\bot	 											
Cell pho										+												
Email ad	dress									Ш_												
Grade 12	HOOL OR E 2 examinati Grade 12 ex	on nur	mber		FORN	/ITAN	ON	Υ	Y	Υ	Υ	M	М									
	High Schoo							•	•				141									
	detail of hig			ollego	e .																	
	ne number	,	,		_																	
													,								_	
	ORTANT: If you			-									•								2 resu	ılts
	6 -						,				8	-	- ((-,					
REVIO	JS HIGHER	R EDU	CAT	ION																		
If you h	ave alread ogy, College	y beer	n a s																		rsity	of
If you h		y beer	n a s									de the	deta	ails of	your	most					rsity	of
If you h Technolo Period From		y beer	n a s	ity), p	please	e con	nplet	e this	sec		Provid	de the	deta	ails of ed suc	your	most	recei	nt en		nts.		of —
If you h Technolo Period	ogy, College	y beer or Un	n a s	ity), p	please	e con	nplet	e this	sec	tion. I	Provid	de the	deta plete	ails of ed suc	your	most	recei	nt en	rolme	nts.		of
If you h Technolo Period From	ogy, College	y beer or Un	n a s	ity), p	please	e con	nplet	e this	sec	tion. I	Provid	de the	deta plete	ails of ed suc	your	most	recei	nt en	rolme	nts.		of
If you h Technolo Period From	ogy, College	y beer or Un	n a s	ity), p	please	e con	nplet	e this	sec	tion. I	Provid	de the	deta plete	ails of ed suc	your	most	recei	nt en	rolme	nts.		of
If you h Technolo Period From	ogy, College	y beer or Un	n a s	ity), p	please	e con	nplet	e this	sec	tion. I	Provid	de the	deta plete	ails of ed suc	your	most	recei	nt en	rolme	nts.		of
If you h Technolo Period From year	ogy, College	y been or Un Name	n a si	nstitu	ntion	e con	Nam	e this	Qual	ificati	Provid	Com (Yes	plete or N	ails of ed suc o)	your	ılly	recei	Stud	ent n	ents. umbe	er	
If you h Technolo Period From year Please att copies mu	To year tach certified ust be less the	y been or Un Name	n a si	nstitu	ntion	e con	Nam	e this	Qual	ificati	Provid	Com (Yes	plete or N	ails of ed suc o)	your	ılly	recei	Stud	ent n	ents. umbe	er	
Please att copies mu	To year tach certified ust be less the	Name copies	of John Company	our ac	ation radem	ic rec	Nam	e this	Qual	ificati	Provid	Com (Yes	plete or N	ails of ed suc o)	your	ılly	recei	Stud	ent n	ents. umbe	er	
Please att copies mu EMPLO If you applease pcontact	To year tach certified ust be less the YMENT re currently crovide the details suc	Name copies an three	a silversile of Ir	our acmonth	ademns old)	ic rece	Nam ord, c	certific	Qual	ificati	Provid	Com (Yes	plete or N	ails of ed suc o)	your	ılly	recei	Stud	ent n	ents. umbe	er	
Please att copies mu EMPLO	To year tach certified ust be less the YMENT re currently crovide the details suc	Name copies an three	a silversile of Ir	our acmonth	ademns old)	ic rece	Nam ord, c	certific	Qual	ificati	Provid	Com (Yes	plete or N	ails of ed suc o)	your	ılly	recei	Stud	ent n	ents. umbe	er	

WHERE DID YOU HEAR ABOUT WCCN, OR WHAT MADE YOU DECIDE ON WCCN AS A STUDY OPTION? Choose as many as are applicable:

Newspaper adverts	Open day
Visit to school or staff members	Billboards
From your friends or family	Facebook
From the internet (website)	Twitter
Radio adverts	YouTube
From career expos	Other
From school guidance teacher	If other, please specify
Visit to the college	

DISABILITY STATUS (COMPULSARY) Information is required by the College and Government)

f you have any disabilities/special needs, tick the relevant box. This information will not disadvantage your application.							
Contact the Disability Unit on, Tel: +27(0)21 953 8438. Choos	e NONE (000) in the case of no disabilities.						
NONE (000)	INTELLECTUAL (Learning difficulty) (005)						
SIGHT (001)	EMOTIONAL (Behaviour, Psychological (006)						
HEARING (With hearing aid) (002)	MULTIPLE (007)						
COMMUNICATION (speech, Listen) (003)	DISABLED BUT UNSPECIFIED (009)						
PHYSICAL (Move, Stand, Grasp) (004)							
In brief, please provide some detail regarding your disability,	below						

PROCESSING OF APPLICATION AND/OR RESIDENCE APPLICATION FORM

- Application will not be processed without the required certified copies of required documents listed in the GUIDE TO THE COMPLETION OF THE APPLICATION FORM (Pages 1 and 2)
- Applications will not be processed unless the Legal Undertaking on this
 Application form has been completed and signed by all the parties concerned.
- Applications for Accommodation in a College Residence will not be processed unless the Contract on this Application form has been completed and signed by all the parties concerned.

LI	EGAL UNDERTAKING (COMPULSARY)
Ι,	
I.D/	Passport number
	clare that all the particulars supplied by me in this form are true, complete and correct. I accept that any incorrect or misleading information Id lead to the cancellation of this application.
1.	 I undertake: 1.1 to comply with all the rules and regulations, including the disciplinary rules of the Western Cape College of Nursing including any amendments thereof as published from time to time and to acquaint myself with all the provisions thereof; 1.2 to notify the relevant department immediately should: 1.2.1 I cancel or abandon my studies 1.2.2 I change my address 1.2.3 Or any changes to information that has been submitted in this form 1.3 to familiarise myself with and adhere to all the rules and general regulations applicable to the qualification for which I intend to enroll in as well as the rules regarding the payment of fees.
2.	I undertake that I will not hold the Western Cape College of Nursing liable nor make any claim against the College for any compensation and/or any expenses incurred or damages suffered as a result of or in respect of any injury to me or illness or my death, irrespective of whether any such damages, injury or death may have been attributable to any degree of negligence on the part of the College or one of more of its employees or other person(s) for whose actions It might, but for this undertaking, have been responsible
3.	I am aware that my enrolment is only valid if it complies with the applicable prescripts and regulations governing the qualification concerned, notwithstanding the acceptance of this enrolment by the College.
4.	I accept that, if I abandon, cancel or change my qualification or my studies at the College at any time, cancellation or reduction of fees will be considered and that I will remain liable for the payment of fees as determined by the Government Treasury Department.
5.	I agree and consent that the College may provide me with statements of account and any other communiqués by way of electronic communication through data messages or online services. These data messages may be sent to my cellular number, or email address provided by me.
6.	I accept the responsibility for the payment of fees (tuition, residence and any other applicable fees).
7.	I hereby give permission that information about my academic progress be divulged to the person/bursar liable for payment of fees. consent to personal information being used for Government and College statistical purposes.
8.	I agree, understand, consent and irrevocably authorise the Western Cape College of Nursing to keep, use, process and verify information in paper and electronic format, including information supplied by me during the application and registration process.
9.	I agree, understand, consent and irrevocably authorise the Western Cape College of Nursing to account, communicate and report to my spouse, parents or legal guardians or any person or body responsible for the payment of my tuition fees or bursary regarding my academic and general progress at the Western Cape College of Nursing and to communicate to my spouse, parents or legal guardians o any person or body responsible for the payment of my tuition fees or bursary and any prospective employer any personal information required by such third party.
10.	I hereby irrevocably authorise and expressly give my consent that the Western Cape College of Nursing may use, provide or disclose any information including my personal information that may reasonable be required by third parties for the purpose of research, educational opportunities and making bursaries/sponsorships available to prospective students at Higher Institutions such as the Western Cape College of Nursing.
11.	I hereby irrevocably authorise and expressly consent that Western Cape College of Nursing may use, provide or disclose my personal information which information may reasonably be required for WCCN research, including statistical or historical purposes
SIG	NED AT
ON	THIS OF 20
SIG	NATURE OF APPLICANT
I,	
SIG	

SIGNATURE OF PARENT/LEGAL GUARDIAN___

NB: It is compulsory that this contract is signed by all parties concerned

STUDENT NUMBER				



Telephone (home)

Cell phone Email address

RESIDENCE APPLICATION AND CONTRACT

2 0	
-----	--

WESTERN CAPE COLI	LEGE	OF N	URSII	NG		If you	•	e acco	ommo	dation	ion in a College residence complete the form below and								d sign	the
							of stay te box	Ful yea			Sem	ester 1	Į.	Se	meste	r 2				
Title (e.g. Mr, Mrs)				Init	ials															
Surname																				
First names																				
	l																			
Address																				
Address																				ı
			1				1						Posta	I cod	е					
Telephone (work)																				

I, the undersigned	(the Applicant)

hereby apply for admission to a College Residence for the above-mentioned period, and undertake:

- 1. To pay the required deposit within 14 days from the date of the notification (letter of acceptance), failing which the reservation may be cancelled.
- 2. To give the Residence Placement Officer notice in writing at least thirty (30) days after receiving the notification that you have been admitted of any intention not to take up the accommodation and accept on failure to take up the accommodation without such notice, the College may summarily cancel such accommodation, in which event I shall forfeit the said deposit as liquidated damages.
- 3. To allow the College, should the accommodation be taken up, to set off the paid deposit against the first residence fees becoming due and to retain the balance as a deposit until after the period of residence.
- 4. In order to ensure accommodation on returning to the Residence, to pay the deposit within such period as may be stipulated in the notification of the reservation of accommodation in the Residence for the next year. This deposit will be offset against my residence fees on my recommencing such accommodation and I accept that I shall adhere to the original agreement as stipulated in point 2 above
- 5. In the event of my discontinuing residence for any reason before the end of a semester, or having my accommodation terminated, to forfeit the deposit as liquidated damages, without prejudice to the right of the College to claim payment of any other amounts I may owe it, whether as a result of my breach of contract or otherwise.
- 6. In the event of having booked accommodation for both semesters in any year, to give the Respective Co-ordinator written notice by no later than 01 April in that year, of any intention not to return to the residence for the second semester and I accept that, on failure to give such notice, the College shall have the right to summarily cancel my accommodation, in which event liability of payment, as liquidated damages, of the second semester's residence fees, without prejudice to the right of the College to claim payment of any other amounts I may owe it, whether as a result of my breach of contract or otherwise.
- 7. To accept the tariff of residence fees and other charges laid down by the College from time to time
- 8. To pay residence fees in full prior to taking up accommodation each semester. No student will be admitted unless the full fees are paid in advance
- 9. To accept as final, the decision of the College Council Chair in all cases of dispute in connection with or arising out of this agreement
- 10. To familiarise, accept and comply with the Residence Rules and Regulations laid down by the College in respect of the Residence from time to time

I acknowledge that a reduction of fees will not be granted should residence be taken up after commencement of a semester or in the event of termination of residence before the end of a semester, unless specifically agreed to by the College under special circumstances.

I acknowledge that residence fees and other charges are subject to increase from time to time without prior notice.

I acknowledge that the College shall have the right to summarily terminate my accommodation and eject me from the Residence should I breach my aforesaid undertakings, or should I cease to pursue my aforesaid course of study, without prejudice to the rights of the College in respect of any amounts I may owe it and the right to the College to claim forfeiture of any balance of the deposit still held by it.

Non-Adherence to residential rules and or Government Code of Conduct can lead to the termination of my accommodation and eviction from the WCCN residences.

SIGNED AT		
ON THIS	DAY	OF 20
SIGNATURE OF APPLICANT		
I, the undersigned		
ID/Passport Number		, (the legal guardian of the Applicant)
	Ifil all the financial obligations of the Applicant	with the College on the terms stated above, and I undertake to the College in respect of the period while the Applicant is still
SIGNED AT		
ON THIS	DAY	OF 20
SIGNATURE OF PARENT/LE	GAL GUARDIAN	



CHECKLIST

Please note that the College does not consider incomplete applications. Before submitting your application, please check that you have done everything that applies to you, as shown on the list below.

We suggest you tick the box next to each point when you have checked it.

Have you filled in all sections of the form that apply to you?	
Have you ensured that you meet the minimum admission requirements for the qualification you	
are applying for?	
Have you signed the "Legal Undertaking" declaring that the information given is complete and correct?	
If you are under 18, have you obtained your parent`s/guardian`s signature?	
Have you included your ORIGINAL proof of payment, or certified copy? This is and administration fee and is non-refundable.	
If you wish to be considered for a place in residence, have you completed the Residence Application form?	
NB: applying for accommodation in residence does not guarantee that you will be allocated a room in a residence.	
Have you provided all the contact details requested in the form?	
Have you provided your ID and passport number and attached a certified copy of your ID and	
passport document? (Less than three (3) months old).	
If you are still in Grade 12, have you submitted your marks obtained in Grade 11 together with	
your recent Grade 12 marks?	
If you already have a Grade 12 Certificate, have you enclosed a certified copy of it? (Less than	
three (3) months old).	
If you are already a student with another higher education institution or if you have already	
studied at one, have you enclosed a detailed academic record and a certificate of conduct from the institution where you studied last?	
If you have completed a qualification at another Higher Education institution, have you attached a	
certified copy of your highest completed qualification? (Less than three (3) months old).	
If you are an International applicant, have you attached a certified copy of your passport, refugee	
permit or proof of permanent residence and your school leaving certificate (Less than three (3)	
months old)?	
If you are an International applicant with a non-African qualification, have you attached the SAQA	
certificate?	
Have you completed the prescribed requirements, such as a portfolio/letter for the relevant	
qualification?	