

APPLICATION FOR ADMISSION

PLEASE COMPLETE ALL SECTIONS BELOW: (PLEASE PRINT CLEARLY)

Application fees:
R350 for Paper applications (Higher Certificate, Diploma, Advanced Certificate, BAppSocSci, Honours, Masters)
R300 for Online applications (Higher Certificate, Diploma, Advanced Certificate, BAppSocSci, Honours, Masters) - https://apply.sacap.edu.za
R600 for all specialized programmes (both online and paper applications) (Bpsych, Bpsych Equivalent)

SECTION A

Registration Reference No: (Office use only)				Date of Application:	
PERSONAL DETAILS					
Title:		Last Name:		First Name:	
Date of Birth:				Identity Number:	
CONTACT DETAILS					
Telephone (H):		Telephone (W):		Cell Phone:	
Email:					
Physical Address:			Postal Address:		
Postal Code:					Postal Code:
Occupation:			Employer:		
Next of Kin Name:			Next of Kin Telephone:		
Relationship with Next of Kin:					
DETAILS FOR CITIZENS OR PERMANENT RESIDENTS OF OTHER COUNTRIES*					
<i>*International face to face students are required to study full time.</i>					
Country of citizenship/permanent residence:			Passport Number:		
STATISTICAL INFORMATION*					
<i>*This is statistical information required by the Department of Higher Education and Training</i>					
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Population Group:	<input type="checkbox"/> W	<input type="checkbox"/> C	<input type="checkbox"/> B	<input type="checkbox"/> O	Home Language:
Are you disabled in any of the following areas:	<input type="checkbox"/> Communicating	<input type="checkbox"/> Hearing	<input type="checkbox"/> Seeing	<input type="checkbox"/> Walking	<input type="checkbox"/> Self-Care
Remembering					
It is important that students have a solid grasp of both written and spoken English, as SACAP's approach to learning is highly interactive and experiential. Students whose first language is not English may be assessed for English proficiency.					
Is English your first language?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	
Where did you hear about us?					

CAPE TOWN CAMPUS
 1st Floor Sunclare Building,
 21 Dreyer Street, Claremont,
 Cape Town, 7708, South Africa
 ☎021 671 7692
 ✉ info@sacap.edu.za

JOHANNESBURG CAMPUS
 1st Floor 1 Sixty Jan Smuts,
 160 Jan Smuts Ave, Rosebank,
 Johannesburg, 2196, South Africa
 ☎011 447 4939
 ✉ jhbinfo@sacap.edu.za

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 Brookfield Office Park, 261 Middel Street,
 Pretoria, 0181, South Africa
 ☎012 941 8550
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The South African College of Applied Psychology (Pty) Ltd
 Company Registration number: 2003/019020/07

LD Katz (CEO), Z Royeppen (MD), Dr. A Smyth (Exec), M Howe CA (SA) (Exec and FD), Prof. B Kantor (Non-exec), Dr. M Makhoana (Non-exec), B Stephens (Non-exec)
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EDUCATION AND QUALIFICATIONS				
What is your highest qualification?	<input type="checkbox"/> Matric or NQF 4 qualification	<input type="checkbox"/> Undergraduate degree	<input type="checkbox"/> Postgraduate degree	<input type="checkbox"/> Other (please specify:)
Do you want to Apply for Recognition of Prior Learning (RPL)? (If you do not meet the Minimum Entry Requirements.)*	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
* If yes, a separate RPL form is available from the Admissions office and details must be submitted for consideration initial application.				
EMPLOYMENT DETAILS				
Occupation:				
Relevant Work Experience:				

PROGRAMME STUDY DETAILS				
<input type="checkbox"/> Higher Certificate in Counselling and Communication Skills	<input type="checkbox"/> Diploma in Counselling and Communication			
<input type="checkbox"/> Advanced Certificate in Counselling & Communication Skills	<input type="checkbox"/> Bachelor of Applied Social Science (BAppSocSci) <input type="checkbox"/> Bachelor of Applied Social Science (BAppSocSci) – HRM & Psych			
<input type="checkbox"/> Bachelor of Psychology (BPsych)	<input type="checkbox"/> Bachelor of Applied Social Science Honours (BSocSci Hons)			
<input type="checkbox"/> BPsych equivalence (Honours)	<input type="checkbox"/> Masters in Social Science (Community Mental Health Promotion)			
MODULE/STUDY DETAILS * Please note: Programme offerings vary according to campus, terms and study-loads. Please speak to your admissions officer for more information and to see if your programme of choice is available.				
Start Year: 20_____	<input type="checkbox"/> Term 1 (February)		<input type="checkbox"/> Term 2 (May)	
			<input type="checkbox"/> Term 3 (September)	
Campus:	<input type="checkbox"/> Cape Town	<input type="checkbox"/> Johannesburg	<input type="checkbox"/> Pretoria	<input type="checkbox"/> Online
			<input type="checkbox"/> Durban	
Study Load:	<input type="checkbox"/> Part-time (2-3 modules/term)		<input type="checkbox"/> Full-time (3-4 modules/term)	

SECTION B

	YES	NO
1. Do you have any physical and/or medical conditions?		
2. Are you currently, or have you in the past, suffered from or received treatment for a chronic or acute mental illness?		

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3. Are you currently, or have in the past, suffered from or received treatment or supportive services for alcohol or substance abuse/addiction, eating disorder, gambling addiction or the like?		
4. Do you have a criminal record? Have you ever been imprisoned and/or received a formal warning?		

If you have answered 'yes' to any of the questions in section B, please provide us with a brief description below:

** In order to support students and to better facilitate your learning, it is helpful to know if you have any specific/additional needs, or physical or medical conditions we need to be aware of. Depending on your intended course of study, SACAP may wish to interview you further in order to ensure that you are suitably prepared to commence your studies with us. According to SACAP's health and wellness policy, it is mandatory that a student has a minimum of one-year recovery period for any addictions. The information provided on this application form serves only to ensure that you are ready to engage in studies with the South African College of Applied Psychology (SACAP) at this time, and will be treated with the strictest of confidence, in terms of the SACAP Privacy Policy. The SACAP Privacy Policy can be found in the SACAP student handbook.*

REGISTRATION FORM

PLEASE NOTE THAT REGISTRATION CAN ONLY BE FINALISED ONCE ALL FINANCIAL REQUIREMENTS HAVE BEEN MET.

SECTION C

MODULE REGISTRATION - REGISTRATION FOR YEAR OF STUDY (refer to study plan provided) *			
*Modules, day and time to be completed by the admissions department			
First Term	NAME OF MODULES	DAY	TIME
1.			
2.			
3.			
4.			
Second Term	NAME OF MODULES	DAY	TIME
1.			
2.			
3.			
4.			
Third Term	NAME OF MODULES	DAY	TIME
1.			
2.			
3.			
4.			

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SECTION D

DEFERRAL EXTENSION AND WITHDRAWAL

For further details on the policies below, please refer to the Student Handbook.

DEFERRAL POLICY

“**Deferral**” refers to the postponement of study in the module in which a student has already registered/enrolled. A Deferral Request Form is available and is to be used by any SACAP student who wishes to defer the module(s) of study for which they are already registered. Within this policy, fees are NOT REFUNDED but may be credited, at SACAP’s sole and unfettered discretion, for future learning.

EXTENSION OF STUDY POLICY

“**Extension of study**” refers to a student’s request for extra time to be awarded in order to complete a qualification. This form is to be used by any SACAP student who wishes to extend their studies for which they are already registered. Within this policy, fees are NOT REFUNDED but may be credited, at SACAP’s sole and unfettered discretion, for future learning

WITHDRAWAL POLICY

“**Withdrawal**” refers to the termination of a student’s enrolment. This form is to be used by any SACAP student who wishes to permanently discontinue their studies with the College.

Refund of Fees: (This refers to course fees. The registration fee is non-refundable)

- Fees will be refunded at the rate of 100% for module(s) not commenced if **written notification** is received **prior** to the close of registration.
- Where **written notification** is received within three (3) weeks after the close of registration, fees will be refunded at the rate of 75% of the module(s) from which the student has elected to withdraw.
- Where **written notification** is received later than three (3) weeks after the close of registration, the student will be liable for the full module fee, i.e. no refund will be granted.

International Students:

In the instance where an international student withdraws from their programme of study, the Student Administrator is obliged to notify the Department of Home Affairs of the withdrawal and provide the following details: Reasons for withdrawal, date enrolment was withdrawn and any other relevant details as necessary.

SECTION E

TERMS AND CONDITIONS

1. I declare that I have read and understood this application/ registration form requirements and warrant that all information submitted is correct, true and complete and that I can and will produce to SACAP originals of all submitted documentation on request.
2. I authorize SACAP to obtain further information or official student records from any educational institution or recognized educational qualifications assessment body necessary and/or, where my work experience is relevant, to verify my employment history for the purposes of making an informed decision about my application/registration.
3. I acknowledge that SACAP reserves the right to vary or reverse any decision made regarding admission/registration made on the basis of incorrect, incomplete or fraudulent information.
4. I acknowledge and agree that the acceptance of my application/registration by SACAP is conditional upon my agreement to be bound and abide by the policies, procedures and terms set out by the college as amended from time to time.
5. If I am a minor, I declare that my admission to SACAP has the consent of my parent/guardian.
6. I acknowledge that SACAP reserves the right to suspend my course of study should I be deemed unsuitable for this field of study.
7. I acknowledge that SACAP reserves the right to postpone a programme, module or class due to insufficient demand or on any other reasonable grounds.
8. I am aware that the SACAP student handbook is available. By signing this form, I acknowledge that have read and understood the policies, procedures and terms set out in the SACAP student handbook and I agree to be bound and abide by the policies, procedures and terms set out in the student handbook as amended from time to time. I acknowledge and agree that the acceptance of my application by SACAP is conditional upon my agreement to be bound and abide by the policies, procedures and terms set out in the student handbook as amended from time to time.

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9. I accept, agree and understand that SACAP will collect and process my personal information, in accordance with the SACAP Privacy Policy, a copy of which is annexed to the SACAP student handbook. I agree that SACAP may retain my personal information for a period of 5 years from the date on which such information was collected or last processed, whichever is the later or for any such longer period as required by law. I agree that SACAP may disseminate my email address and contact numbers to members of the SACAP faculty, for the purposes of contacting me in respect of academic matters and any administrative matters relating thereto. I understand that SACAP is required, by the Department of Higher Education and Training ("**the Department**") to collect, process and disseminate to the national learner record database, all personal information submitted by me as part of this form.
10. I hereby waive any claims against SACAP for any damages or losses suffered while I am, or as a consequence of my being, a student of SACAP, as well as any damage to any property belonging to me or any other person, howsoever such damage or loss is caused, including, but not limited to, the negligence of SACAP or any official, employee, or representative of SACAP. I or my estate hereby indemnifies SACAP against any claims by any person arising in any way as stated above or in respect of my own negligent or willful acts or omissions.
11. I acknowledge that it is my responsibility to forward accounts to the person/party responsible for payment thereof if not myself ("**the fee-payer**"). SACAP will send all correspondence, including invoices, directly to the student, not to the fee-payer.
12. I understand that study fees include electronic study material and not prescribed textbooks, which are to be purchased separately.
13. I acknowledge that my registration is conditional upon my payment of the non-refundable registration fee, as well as my entering into a payment plan to SACAP's satisfaction ("**the payment plan**"). I agree to authorize a debit order, in favour of SACAP, in respect of the payment plan.
14. I acknowledge that after the close of registration, an administration fee will be charged for any changes made to module/class/programme/campus.
15. I hereby agree to pay the fees for the modules selected as reflected under the module/study details section of this document, which shall be incorporated into this contract.
16. I am aware that fees differ for different modules/ programmes and are subject to annual escalations. Should I deviate from the original study plan (and relevant pro-forma invoice), the fees payable may change.
17. I accept that I will not be absolved of the responsibility to pay such fees by virtue of incorrect billing or any other factor (irrespective of whether an account is not received/read by me).
18. I understand that student refunds will be paid once a month at month end. Should I believe a refund is due, a 'refund request form' must be signed and emailed to studentaccounts@sacap.edu.za by the 15th of the month. Once the student's account has been reconciled, a refund will be paid if applicable.
19. I hold myself responsible for the payment of all fees and other charges payable by me to SACAP for all for all modules for which I register. If I am in arrears, I will be liable to pay interest at the rate of 1.25% per month from due date until the date of payment and I will be liable for all costs of recovery, including fees charged by attorneys on the attorney and own client scale and collection commission. I understand that payments received will be allocated to clear unpaid interest first, followed by the oldest debt.
20. I choose my *domicilium citandi et executandi* at my physical address described in Section A of this form.
21. Any notices to me shall be sent by prepaid registered post or email. In the case of any notice sent by prepaid registered post, it shall be deemed to have been received, unless the contrary is proved, on the 5th (Fifth) business day after posting. In the case of any notice transmitted by email, it shall be deemed to have been received, unless the contrary is proved, on the same day of transmission, provided the day of transmission is a business day or otherwise on the following business day. Any notices sent to by email, shall be sent to my email address described in Section A of this form.
22. I consent to the jurisdiction of the Western Cape High Court, Cape Town, in relation to any legal proceedings arising from this contract or the cancellation thereof.
23. These terms and conditions and the payment terms and conditions contained in Section F below, constitute the entire agreement between me and SACAP and no variation or waiver of such terms will be of any force or effect unless it is in writing and signed by, or on behalf of, the parties.
24. Any illegal or unenforceable provision of these terms and conditions or the payment terms and conditions contained in Section F below, may be severed and the remaining provisions of this contract continue in force.

I, _____
(please print name of student)

Hereby agree to be liable for the contract amount, subject to the policy and conditions stipulated on this contract.

Signature: _____

Date: _____

I/we, _____
(please print name of parent/guardian if student is under 18)

Hereby agree to be liable for the contract amount, subject to the policy and conditions stipulated on this contract.

Signature: _____

Date: _____

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SECTION F

PAYMENT DETAILS

Fees can be made by bank guaranteed cheque (made out to SACAP), EFT or direct deposit and a copy of your proof of payment must be emailed to studentaccounts@sacap.edu.za. **All proofs of payment must include your name and surname as reference.** Monthly payments may only be made by debit order. A debit order instruction form is available from the admissions department. Monthly debits will take effect at the commencement of the term. Kindly note that all debit order instructions are subject to a credit check. I, the fee payer, understand and agree to the following ("the payment terms and conditions"):

1. I have read and understood this application/ registration form requirements and warrant that all information submitted is correct, true and complete and that I can and will produce to SACAP originals of all submitted documentation on request.
2. The fee-payer, will pay, on presentation of an invoice, the fees and other charges of the student named in this registration form for the duration of their studies at SACAP.
3. The fee-payer, agrees to be bound by the terms and conditions set out in Section E above, subject to changing those things which need to be changed for such terms and conditions to apply to me ("mutatis mutandis").
4. Where the fee-payer is not the student, the fee-payer agrees that SACAP will send all correspondence, including invoices, directly to the student. The student shall be responsible for forwarding such relevant correspondence including invoices to the fee-payer.
5. The fee-payer consents to SACAP's investigation into the fee-payer's credit worthiness.

BANKING DETAILS

SACAP PTY LTD

ABSA Bank Wynberg,
Branch Code: 632005
Cheque Account No.: 405-882-4959
Reference: Your name

Application fees: **R350 for Paper applications** (Higher Certificate, Diploma, Advanced Certificate, BAppSocSci, Honours, Masters)
R300 for Online applications (Higher Certificate, Diploma, Advanced Certificate, BAppSocSci, Honours, Masters)
R600 for all specialized programmes (Bpsych, Bpsych Equivalent)

PAYMENT OPTIONS (Select one)*

*We do not accept EFT or stop order payment arrangements *International students must pay upfront for the term or year.

Annual Payment (due 2 weeks before term commences) <input type="checkbox"/>	Term Payment (due 2 weeks before term commences) <input type="checkbox"/>	Debit order (Payable over 10 months)* <input type="checkbox"/>
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*If you have selected the Debit order option, please complete Debit Order form below

DETAILS OF INDIVIDUAL RESPONSIBLE FOR STUDENT ACCOUNT

Title:	Last Name:	First Name:
Telephone:	Cell Phone:	Fax:
Email:		
ID Number:		
Relationship: (i.e. parent, legal guardian, sponsor, employer, etc.)		

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Signature of fee payer: _____

DEBIT ORDER FORM

ONLY TO BE COMPLETED BY THOSE SELECTING THIS PAYMENT OPTION

AUTHORITY AND MANDATE FOR PAYMENT INSTRUCTIONS

A. AUTHORITY GIVEN BY*:

*This authority and mandate must be given in writing or electronically in terms of the Electronic Communications and Transaction Act, 2002, Chapter 3, Part 1.

(NAME OF ACCOUNT HOLDER) _____

(NAME OF STUDENT) _____

(ADDRESS) _____

(DATE) _____

TO: THE SOUTH AFRICAN COLLEGE OF APPLIED PSYCHOLOGY (PTY) LTD (SACAP)

Dear Sirs

REFER TO OUR CONTRACT DATED: _____

The details of my/our bank accounts are as follows:

BANK _____

BRANCH NAME AND TOWN _____

BRANCH NUMBER/CODE

--	--	--	--	--	--	--	--

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF ACCOUNT CURRENT (CHEQUE) / SAVINGS / TRANSMISSION

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I/ We hereby request "instruct" and authorize you to draw against my / our account with the above mentioned bank (or any other bank or branch to which I / we transfer my / our account) the sum of

R _____, _____ (amount in numbers)

_____ Rands Only (amount in words)

On

1 st	25 th	31 st
-----------------	------------------	------------------

 day of each month commencing on _____ and continuing (as the case may be).

All such withdrawals from my/our account by you shall be treated as though they had been signed by me/ us personally. I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement.

The individual payment instructions so authorised to be issued must be issued and delivered monthly on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.

The payment instructions so authorised to be issued must carry a number, which number must be included in the said payment instructions and if provided to you should enable you to identify the Agreement. The said number should be added to this form in section E before the issuing of any payment instruction and communicated to me directly after having been completed by you.

I/ We agree that the first payment instruction will be issued and delivered on or after _____ (date). Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than 30 days' notice in writing, sent by prepaid registered post or delivered to your address indicated below and signed for by a member of the finance department.

I/ We agree to pay any bank charges relating to this debit order instruction.

I/ We hereby consent to and authorize The South African College of Applied Psychology (Pty) Ltd's investigation into the credit worthiness of me as applicant.

B. MANDATE

I/ we acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.

C. CANCELLATION

I/we agree that although this authority and mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/we also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.

D. ASSIGNMENT:

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

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Signed at _____ on this _____ day of _____

SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT

ASSISTED BY

CAPACITY

AGREEMENT REFERENCE NUMBER *(FOR OFFICE USE ONLY)	
THE AGREEMENT REFERENCE NUMBER IS:	

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