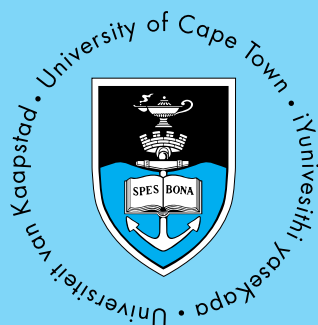


FIRST NAME:

SURNAME:



APPLICATION FOR UNDERGRADUATE ADMISSION IN 2015



- Apply online. Use this booklet only if you do not have access to the internet.
- If you are currently registered at UCT you must apply online.
- Complete this form in conjunction with the *2015 Directions for Undergraduate Applicants* which includes information and all the code tables you need. Information in shaded areas may be found in the *2015 Directions for Undergraduate Applicants*.
- Please complete this form in CAPITAL LETTERS in ink (or a ballpoint pen).
- Return this completed form by post or in person. This form must not be faxed or emailed.

SECTION G

PARENT / GUARDIAN: REFER TO REDRESS POLICY IN PROSPECTUS

- Please tick one box in respect of each parent / guardian:

[illegible]

- A technikon degree or diploma

Yes	No	I do not know
Yes	No	I do not know

Yes	No	I do not know
Yes	No	I do not know

6. Does or did your family rely on a social pension from the state?

SECTION H

2014 SECONDARY SCHOOL-LEAVING EXAMINATION DETAILS

SCHOOL SUBJECTS TO BE
WRITTEN THIS YEAR

Postal Code:

Candidate no.:

Yes	No
-----	----

B) if yes, in which year did you first enrol at your present school:

SECONDARY SCHOOL-LEAVING AND POST-SCHOOL INFORMATION

Complete this section if you have already left school. Please enclose certified copies of your certificates.

(Table B)

School Code:

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

School Address:

Date written:

[illegible]

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Examining Authority:  (Table C)

DETAILS OF ACTIVITY SINCE LEAVING SCHOOL OTHER THAN AT TERTIARY
If you have left school and are not at a tertiary institution, you must complete this section.

Year				Activity	Code (Table F)		
Y	Y	Y	Y				
Y	Y	Y	Y				

Year				Activity	Code (Table F)		
Y	Y	Y	Y				
Y	Y	Y	Y				

If you have attempted any tertiary education or are currently registered at a tertiary institution, you must complete this section.

Please enclose original transcripts or certified copies of your certificates/result statements.

Tertiary Institution	Code (Table G)							Year				Degree/Diploma for which registered	For Office Use Transcript Received	
								Y	Y	Y	Y		Y	N
								Y	Y	Y	Y		Y	N
								Y	Y	Y	Y		Y	N
								Y	Y	Y	Y		Y	N

HOUSING APPLICATION

Not to be completed by AIM (GSB) applicants.

Please tick the appropriate box to apply for UCT accommodation. (See *2015 Directions for Undergraduate Applicants*, page 5)

I apply for student housing with catering provided: ☐

I apply for self-catering student housing:

I do not wish to be considered for student housing: ☐

NB: We do not guarantee accommodation for all students.

FINANCIAL ASSISTANCE

Please tick the appropriate box to apply for student financial assistance.
(See 2015 *Directions for Undergraduate Applicants*, page 6)

I intend to apply for UCT / NSFAS financial assistance: ☐

I do not wish to be considered for student financial assistance: ☐

NOTE: If you apply for financial assistance you must complete the pull-out financial assistance form that follows. This must be returned with all supporting documents to the Admissions Office by 31 October 2014.

4. COMMUNITY SERVICE / VOLUNTARY WORK DURING HIGH SCHOOL YEARS (in and outside of school)

Attached ORIGINAL SIGNED letters confirming involvement for activities outside of your school.

Organisation	Grade 10	Grade 11	Grade 12	Weekly (W) or Monthly (M) or Irregularly (I) or Once-off (O)?	Did your school organise this (S) or is this an activity outside of your school which you started on your own?	Have you attached proof of your involvement in activities outside school? (YES or NO)
a) Give details of any OTHER contribution you may have made to your school or community during your high school years, and indicate when you took part in this activity.						

5. CULTURAL ACTIVITIES, CLUBS, SOCIETIES ETC DURING HIGH SCHOOL YEARS (in or outside school)

E.g. Church school or other choir; musical instrument, debating society Attach original signed letter of proof for each activity outside your school.

ACTIVITY	Grade 10	Grade 11	Grade 12	Several times Weekly (SW) or Monthly (M) or Irregularly (I) or Once-off (O)?	Is this activity offered by your school (S) or an organisation outside of your school (OS)?	Have you attached proof of your involvement in activities outside school? (YES or NO)

6. SPORTING ACTIVITIES INSIDE OR OUTSIDE SCHOOL, DURING YOUR HIGH SCHOOL YEARS

(Attach proof of club / provincial / national level activities outside of school)

List up to 3 sports in which you participated regularly while at high school										Have you attached proof of your involvement in activities outside school? (YES or NO)	
In which grade / s (tick) ✓	10:	11:	12:	10:	11:	12:	10:	11:	12:		
At which level did you participate?											
(i) Social (outside school)											
(ii) Club (outside school)											
(iii) School											
(iv) Provincial											
(v) National											
Describe any exceptional achievement											

7. WHAT OTHER ACTIVITIES OR ACHIEVEMENTS DURING YOUR HIGH SCHOOL YEARS OR AFTER GRADE 12 DO YOU WISH TO HIGHLIGHT THAT YOU FEEL TAUGHT YOU LIFE SKILLS OR ARE RELEVANT TO YOUR APPLICATION?

For how long did you take part in this activity? Attach ORIGINAL, SIGNED proof from organisation or a letter from a person of authority who is not family if this is not a school activity)

Nature of Activity / ies	Have you attached proof of your involvement in activities outside school? (YES or NO)

8. VERIFICATION BY SCHOOL PRINCIPAL OR OTHER SCHOOL AUTHORITY OF ACCURACY OF SECTIONS 2 TO 7

NAME	Which section / s are you unable to verify? (e.g. 2b)	ADDITIONAL COMMENTS
POSITION (e.g. principal)		SCHOOL STAMP
TELEPHONE NUMBER		
SIGNATURE		

If you have done tertiary studies, applying for admission to the MBChB programme, and you wish to submit a CV, detach this page, which must be submitted separately.

CURRICULUM VITAE FOR ALL MBChB APPLICANTS WHO HAVE DONE TERTIARY STUDIES

- Do not write in the grey areas.
- All MBChB applicants who have studied at tertiary level are invited to submit a CV.
- The CV is used to distinguish between applicants with similar academic records.
- Please supply supporting documentation and / or contact details of persons in positions of authority who are in a position to verify information in your CV.

1. BIOGRAPHICAL DATA

First name / s:

[illegible]

Surname:

[illegible]

Applicant number or Identity or Passport Number:

[illegible]

DEGREE FOR WHICH YOU ARE APPLYING (Please tick one)

☐ MBChB ☐ BSc Physiotherapy ☐ BSc Occupational Therapy ☐ BSc Audiology ☐ BSc Speech-Language Pathology

Physical Home Address:

[illegible]

Province:

[illegible]

Dialling Code:

--	--	--	--

Telephone Number:

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

Dialling Code:

--	--	--	--

Cell / Mobile Number:

[illegible]

TICK IF YOUR HOME ADDRESS IS IN ONE OF THESE

☐ City/Metro ☐ Town ☐ Urban Township ☐ Rural Village/Farm

2. SCHOOL DATA

Name of last primary school attended:

[illegible]

City / town, province & postal code of primary school:

[illegible]

Name of last high school attended:

[illegible]

City / town, province & postal code of high school:

[illegible]

DID YOUR LAST HIGH SCHOOL OFFER THESE FACILITIES? (Tick block)

☐ Library ☐ Sports Fields ☐ Science Laboratory/ies ☐ Computer Facilities ☐ Clubs and Societies

CURRICULUM VITAE (CV)

In a CV of not more than 300 words, give an account of your extra-curricular activities AT AND SINCE leaving school. We would be interested in LEADERSHIP POSITIONS, all forms of COMMUNITY ENGAGEMENT, team or individual SPORTING ACTIVITIES, CULTURAL ACTIVITIES, SPECIAL ACHIEVEMENT and OTHER INTERESTS / HOBBIES. Please supply supporting documentation where possible, and the contact details of persons in positions of authority (who are not related to you) who are able to verify information in your CV.

Submit:

- (a) this form
(b) your CV
(c) all supporting documentation

To: The Undergraduate Admissions Office
Faculty of Health Sciences
University of Cape Town
Private Bag X3
7925 Observatory

By no later than 30 September 2014.

Bachelor of Arts (Fine Art) applicants:
You must detach and return the completed form with your portfolio

APPLICANT NUMBER:

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

FOR BACHELOR OF ARTS IN FINE ART APPLICANTS

- Return to: The Secretary
The Michaelis School of Fine Art
Hiddingh Campus
31-37 Orange Street
Gardens
8001 Cape Town

[illegible][illegible]

							Postal/Zip Code:								

--	--	--

[illegible]

--	--	--

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

Postal/Zip Code:

[illegible]

Date of birth:

Sex:	Male		Female
------	------	--	--------

Enter the school subjects that you are writing, or have completed and the symbols that you achieved in your last examination

Subject	Grade	Subject	Grade

POST SCHOOL
If you are not at school this year please complete the following section:

Date finished school:

Will you qualify for eligibility to do degree studies (or have you previously qualified to do so)? Yes ☐ No ☐

Give detailed information of what you have done since leaving school on a separate sheet.

Write a motivation (250-500 words) why you want to study Fine Art, and indicate your future goals.

SECTION N

FOR BACHELOR OF ARTS IN FINE ART APPLICANTS continued

DECLARATION OF AUTHENTICITY OF WORK

The portfolio submitted with this form is my own work:

Signature of Applicant: _____

Date:

D	D	M	M	2	0	1	4
---	---	---	---	---	---	---	---

Bachelor of Architectural Studies applicants
You must complete, detach and return this form with your portfolio.

- Refer to page 6 of *2015 Directions for Undergraduate Applicants* for portfolio requirements.
- Please supply all the details requested, as the information will assist your application.
- This form must be submitted with your portfolio. The preferred date for Portfolio submissions is 31 August 2014. We reserve the right not to evaluate an incorrect or incomplete portfolio.

- Return to: The Secretary
The School of Architecture
University of Cape Town
Private Bag X3
7701 Rondebosch

FOR OFFICE USE								
APPLICANT NUMBER:								

APPLICANT NUMBER:									
-------------------	--	--	--	--	--	--	--	--	--

SECTION O	FOR BACHELOR OF ARCHITECTURAL STUDIES (BAS) APPLICANTS	
-----------	--	--

SECTION O	FOR BACHELOR OF ARCHITECTURAL STUDIES (BAS) APPLICANTS	
-----------	--	--

[illegible][illegible]

YES

NO

YES ☐

NO ☐

POST SCHOOL

If ☐ **NOT** attending school, please check the following:

If you are NOT at school this year please complete the following section:

YES

NO		
----	--	--

YES ☐

NO	
----	--

EDUCATIONAL OBJECTIVES

Are you interested in pursuing a career in: (please tick areas of interest)

7

5

1

FOR OFFICE USE

APPLICANT NUMBER:

SECTION P**UPDATING OUR ALUMNI INFORMATION**

- NOTE**
- Please complete this form if either or both your parents or your spouse or a brother or sister has studied at UCT in the past.
 - The UCT Alumni Office strives to maintain contact with our alumni/ae. In order to do so we need your help.
 - This information is not used in the admissions process.
 - Enquiries: **UCT Alumni Office:** Tel: 021 650 3745 Fax: 021 650 5628
E-mail: alumni@uct.ac.za Website: www.alumni.uct.ac.za

IF YOUR SPOUSE IS AN ALUMNUS / ALUMNA, PLEASE GIVE

His / Her Names: _____

His / Her Former Names (if applicable): _____

His / Her years at UCT: _____ From _____ To _____

His / Her Qualification(s) from UCT: _____

Home Address: _____

_____ Code: _____

Telephone: _____ E-mail: _____

Is He / She receiving: **UCT Alumni news?** YES ☐ NO ☐

IF YOUR MOTHER IS AN ALUMNA, PLEASE GIVE HER

Names: _____

Former Names (if applicable): _____

Years at UCT: _____ From _____ To _____

Qualification(s) from UCT: _____

Home address: _____

_____ Code: _____

Telephone: _____ E-mail: _____

Is She receiving: **UCT Alumni news?** YES ☐ NO ☐

IF YOUR FATHER IS AN ALUMNUS, PLEASE GIVE HIS

Names: _____

Years at UCT: _____ From _____ To _____

Qualification(s) from UCT: _____

Home Address: _____

_____ Code: _____

Telephone: _____ E-mail: _____

Is He receiving: **UCT Alumni news?** YES ☐ NO ☐

IF YOUR BROTHER OR SISTER IS AN ALUMNUS / ALUMNA, PLEASE GIVE

His / Her names: _____

His / Her former names (if applicable): _____

His / Her years at UCT: _____ From _____ To _____

His / Her qualification(s) from UCT: _____

Home address: _____

_____ Code: _____

Telephone: _____ E-mail: _____

Is He / She receiving: **UCT Alumni news?** YES ☐ NO ☐

1. I have read and understood *2015 Directions for Undergraduate Applicants* booklet. The information I have supplied is complete and true. If any of it is found to be incomplete, false or misleading the University may cancel any offer made, or my registration.
2. If I am a minor, my admission to the University has the consent of my parent/guardian.
3. I undertake to abide by the rules of the University.
4. I hold myself responsible for the payment of all fees and charges due and payable by me to the University for all courses for which I register. If I am in arrears, I will be liable to pay interest at the rate of 1% per month from due date until date of payment and I will be liable for all costs of recovery, including fees charged by attorneys on the scale as between attorney and client and collection commission. I understand that payments received will be allocated to clear unpaid interest first, followed by the oldest debt. If I do not inform the Registrar in writing of withdrawal from studies or a course by the prescribed date(s) I will be liable for full fees even if I do not make use of UCT facilities. I understand that if I am a non-South African student who qualifies for local fees, the minimum initial payment of academic and residence fees must be made prior to registration.
5. I accept, agree and understand that: UCT may keep and process my data and documents in electronic or other format, including the personal data supplied by me in my application; UCT may obtain, process and retain results of my examinations relevant for making an admissions decision direct from examining authorities; UCT may use and transfer all such data and documents in electronic or other formats for UCT purposes consistent with UCT's relationship with me as an applicant and, if admitted as a student and former student including but not limited to submission of data for the National Learner Record Database and other returns required by the Department of Higher Education and Training; and without detracting from the generality of the above, that UCT may report to my parents or legal guardian and/or the person responsible for fee payment details of my academic progress. I note and accept that UCT places records of qualifiers and academic records in the public domain.
6. I accept that I am responsible for updating my personal details and will notify UCT of any changes.
7. I hereby waive all claims against the University for any damages or loss suffered while I am, or as a consequence of my being, a student of the University, for damage to any property belonging to me or any other person, howsoever such damage or loss is caused, including but not limited through the negligence of the University or any official, employee or representative of the University.

Date: DDMM2014

If you are under 18, your parent/legal guardian must make this declaration. If you are 18 or older and your parent/legal guardian will be paying your fees, your parent/legal guardian must make this declaration.

Title (Table H): Surname / Last Name:

[illegible]

Postal Address: <table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																									<table style="width: 100%;"> <tr> <td style="width: 25%;">Country Code:</td> <td style="width: 25%;">Dialling Code:</td> <td style="width: 50%;">Telephone Number:</td> </tr> <tr> <td><table border="1" style="width: 100%; height: 30px;"><div></div></table></td> <td><table border="1" style="width: 100%; height: 30px;"><div></div></table></td> <td><table border="1" style="width: 100%; height: 30px;"><div></div></table></td> </tr> </table> Identity / Passport Number of Parent / Guardian: <table border="1" style="width: 100%; height: 30px;"><div></div></table>	Country Code:	Dialling Code:	Telephone Number:	<table border="1" style="width: 100%; height: 30px;"><div></div></table>	<table border="1" style="width: 100%; height: 30px;"><div></div></table>	<table border="1" style="width: 100%; height: 30px;"><div></div></table>
Country Code:	Dialling Code:	Telephone Number:																																													
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I agree and consent to the above declaration, undertakings, waiver and indemnity by the applicant. I consent to the applicant signing registration forms if admitted. I hold myself jointly and severally liable with the applicant as co-debtor for all amounts due by the applicant to the University, until I notify the University to the contrary, in which event such cancellation shall take effect only from the beginning of the following academic year. I consent to the University holding and processing personal information supplied by me in this application (including any application for financial aid) for purposes related to this application.

Date:

D

D

M

M

2

0

1

4

* Note: An applicant under the age of 18 must have this form signed by either of his/her parents. Where an applicant has no parents (e.g. they are deceased) or the parents are divorced, a legal guardian is normally officially appointed. In such cases the legal guardian must sign this form. If you do not have a parent or legal guardian, a responsible adult family member (next-of-kin) or other responsible adult who is prepared to make the declaration and the undertaking, must sign with you. The details of this person must be listed under the parent/guardian section on this form. (Section E)

SECTION R

CHECK LIST: YOUR UCT APPLICATION FORM

EVEN IF YOU HAVE NOT YET OBTAINED SOME OF THE CERTIFICATES MENTIONED ABOVE, PLEASE SUBMIT THIS APPLICATION FORM NOW.

SEND THE CERTIFICATES WHEN YOU RECEIVE THEM, QUOTING YOUR ACADEMIC PROGRAMME CHOICE(S) AND APPLICANT NUMBER.

Have you entered your NBT registration number on page 2? _____

Have you completed all pages of this booklet? _____

Have you signed Section Q? _____

Has your parent/legal guardian signed Section Q? _____

Have you enclosed the application fee or proof of payment? _____

Have you filled in your correct birth date? _____

If you have completed your schooling, have you enclosed certified copies of your certificate? _____

If you have attended a higher education institution, have you enclosed an original transcript and certificate of conduct? _____

Financial Assistance: Have you detached the Financial Assistance Form, so that you can submit it with supporting documents by the closing date of 31 October 2014? _____

BA Fine Art: Have you detached the BA (Fine Art) Form, so that you can submit it with your portfolio by the preferred date of 31 August 2014? Or the final date of 30 September 2014. _____

BAS (Architectural Studies): Have you detached the BAS (Architectural Studies) Form, so that you can submit it with your portfolio by the preferred date of 31 August 2014? Or the final date of 30 September 2014. _____

Health Sciences: If you plan to submit the Personal Report Form or a CV, have you detached it, so that you can submit it with supporting documents by 30 September 2014? _____

APPLICATION FEE

PLEASE ENCLOSE CHEQUE, POSTAL ORDER, CREDIT CARD PAYMENT FORM
(OR PROOF OF PAYMENT IF EFT OR OTHER ELECTRONIC PAYMENT IS MADE)

Enter the amount
enclosed below:

R .

(MBA application fees must be sent direct to the GSB)

Deceased: ☐ *Yes ☐ No * If answered Yes to deceased, the remaining sections are not required for mother or stepmother. Attached a copy of the death certificate.

[illegible][illegible]

Marital Status: ☐ Identity Number:

What does your mother, Stepmother or female guardian currently do?	<input type="checkbox"/> Not employed	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Studying	<input type="checkbox"/> UIF
Source of income	<input type="checkbox"/> Salary	<input type="checkbox"/> Pension	<input type="checkbox"/> SASSA grant/s	<input type="checkbox"/> Child support / maintenance	
	<input type="checkbox"/> Rental	<input type="checkbox"/> Investment	<input type="checkbox"/> Contributions from others	<input type="checkbox"/> Other	
	<input type="checkbox"/> Business profit (specify)..... (e.g. taxi, hawker, small to medium enterprise)				

Annual income amount (before deductions and tax): R Attach proof of all income received.

EMPLOYMENT DETAILS

Occupation Company name

Income Tax Number Work telephone

Does she receive financial assistance for any studies? ☐ NSFAS ☐ Other ☐ None Assistance amount: R

Home Address (physical): *Compulsory Field*[illegible]

Postal Address: (if different from Home Address)

[illegible]

Dialling Code:

 Home Telephone:

 Cell / Mobile Number:

[illegible]

DETAILS OF A RELATIVE NOT LIVING WITH YOU

Title (Table H): First Names:

[illegible]

Marital Status: ☐ Identity Number:

Home Address (physical): *Compulsory Field*[illegible]

(continued)

[illegible][illegible]

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

--	--	--	--	--

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

[illegible][illegible]

PLEASE TICK THE CHECKLIST TO ENSURE THAT YOU HAVE ATTACHED ALL THE NECESSARY DOCUMENTS

- ☐ Certified copies of birth certificates or ID's of all members of the family
- ☐ Certified copy of death certified if applicable
- ☐ Proof of legal guardianship if applicable
- ☐ Copy of parents full divorce agreement if applicable

☐ Attach salary/wage slips of both parents

☐ Proof of Income

☐ Bond statement and Council rates account OR

☐ a copy of the Lease agreement if renting accommodation.

☐ IRP5, IT3 and IT12 (last 2 years)

- ☐ An Income Statement,Balance Sheet,Cash Flow statement,Notes, IT14 - Tax return for the business (last 2 years)
- ☐ IT12 - Tax return for the individual (last 2 years)
- ☐ IT3(b) Income Tax Certificate from the Bank (last 2 years)
- ☐ Statement of Personal Assets and Liabilities (last 2 years)
- ☐ Personal Bond statement.

☐ Official letter from the Department of Labour proving unemployed status

☐ Bond statement and Council rates account OR a copy of the Lease agreement if renting accommodation.

☐ Proof of how the family is being supported financially.

☐ If parent/guardian receives income such as pension/grant/maintenance/rental/interest from investment, please submit proof thereof.

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

FAMILY STRUCTURE DETAILS

FILL IN DETAILS OF ALL MEMBERS OF THE HOUSEHOLD:

	01	02	03	04	05
Full name					
ID number					
Relationship					
Contributor or Dependant					
Present activity*					
Income					
Annual gross income*					
Cell phone & Email					
	06	07	08	09	10
Full name					
ID number					
Relationship					
Contributor or Dependant					
Present activity*					
Income					
Annual gross income*					
Cell phone & Email					

* Relationship Spouse, partner, grandparent, sister, brother, uncle, aunt, son, daughter.
* Present activity Secondary school, employed or self employed, not employed, studying and employed, studying and not employed, other.
* Annual gross income before deductions and tax

Applicant SA
Identity Number:

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

STUDY DETAILS

QUALIFICATION OR COURSE - 1ST PREFERENCE OF STUDY

Are you planning to study at a university or FET college?

☐

University

☐

FET college

University or FET college name: Campus name:

Registration* will be for my

☐

1st (year or level)

☐

2nd (year or level)

☐

3rd (year or level)

☐ 4th (year or level)

☐

5th (year or level)

☐

6th (year or level)

☐

Final (year or level)

☐

Postgraduate

Student number:.....

(This includes 1st year or level students if your student number has been provided by the university or FET college)

What type of accommodation will you make use of?

☐

Rental accommodation

☐

On-campus residence

☐

Off-campus residence

Do you need funding for your accommodation during your studies?

☐

Yes

☐

No

Do you need funding for meals or are the meals provided by the residence?

☐

Yes – Need funding for meals

☐

No – Meals are part of the residence

☐

Not applicable

Do you need funding for travel to the university or FET college?

☐

Yes

☐

No

Distance between accommodation (while studying) and university or FET college? (km)

PLANNED QUALIFICATION OR COURSE: When will you be registering?MonthYear

Field of study

Qualification

QUALIFICATION OR COURSE - 2ND PREFERENCE OF STUDY

Are you planning to study at a university or FET college?

☐

University

☐

FET college

University or FET college name: Campus name:

Registration* will be for my

☐

1st (year or level)

☐

2nd (year or level)

☐

3rd (year or level)

☐ 4th (year or level)

☐

5th (year or level)

☐

6th (year or level)

☐

Final (year or level)

☐

Postgraduate

Student number:.....

(This includes 1st year or level students if your student number has been provided by the university or FET college)

What type of accommodation will you make use of?

☐

Rental accommodation

☐

On-campus residence

☐

Off-campus residence

Do you need funding for your accommodation during your studies?

☐

Yes

☐

No

Do you need funding for meals or are the meals provided by the residence?

☐

Yes – Need funding for meals

☐

No – Meals are part of the residence

☐

Not applicable

Do you need funding for travel to the university or FET college?

☐

Yes

☐

No

Distance between accommodation (while studying) and university or FET college? (km)

PLANNED QUALIFICATION OR COURSE: When will you be registering?MonthYear

Field of study

Qualification

* Ensure that you indicate the level of study correctly when completing this section.

Applicant SA
Identity Number:

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

Biographical Profile

(We need this information to establish if your profile matches the profile for named bursaries/loans/scholarships.)

First Names:

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

Surname / Last Name:

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

**ACHIEVEMENTS / PARTICIPATION IN THE FOLLOWING AT BOTH SCHOOL AND POST-SCHOOL LEVEL.
PLEASE GIVE AS MUCH INFORMATION AS POSSIBLE:**

Academic:

.....

.....

.....

.....

Leadership Roles:

.....

.....

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Community Service:

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Cultural activities:

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Sports / Hobbies:

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FAMILY AND PERSONAL INFORMATION:

What kinds of work do your mother and father do?

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How many brothers and sisters do you have who are not at school or at a tertiary institution but are dependent on the family income? What are they doing?

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If they are not employed, tell us who is supporting the family?

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Please tell us in what area your parental home is; is it a residential suburb or is it a rural area?

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Applicant SA
Identity Number:

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Please tell us why you chose this field / these fields of study?

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Is there anything special you would like to tell us about yourself?

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**SOME BURSARIES HAVE CONDITIONS SET BY BEQUEST OR BY DONORS.
IF APPLICABLE, TICK THE RELEVANT ANSWERS**

Your descent? Old Dutch ☐ Huguenot ☐ German ☐ Namibian ☐ British ☐

Is / was your father / grandfather a freemason? Yes ☐ No ☐ If yes, which Lodge? _____

Did your parents / grandparents / great grandparents serve in World War 2? Yes ☐ No ☐ If yes, please attach supporting documents

Have your parents owned property in the Cape Town Municipal area for more than 10 years? Yes ☐ No ☐

Are you a dependant of an employee / deceased employee/pensioner of Transnet, Cape Western Region? Yes ☐ No ☐

If yes, please furnish membership number: _____

Music students: 1st 2nd 3rd instrument: 1 _____ 2 _____ 3 _____

Main teaching subjects: 1 _____ 2 _____ 3 _____
(for those intending to teach)

YOUR BANKING DETAILS*

Name of the bank

Name of the account holder (as it is registered with the bank).....

Branch Branch code

Account number

Type of account (e.g. savings, current)

** PLEASE NOTE : Banking details are mandatory and these must be your banking details and not those of your parent or parents or legal guardian.*

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IMPORTANT INFORMATION AND DECLARATION

By signing this application for financial aid, you acknowledge your acceptance and understanding of the following:

1. This application does not guarantee that you will receive a loan or bursary.
2. If you have been advised that you were unsuccessful in your application for financial aid, you will be responsible to pay all required fees determined by the university or FET college.
3. Incomplete application forms (including those with missing documents) will NOT be accepted.
4. Posted applications and all supporting documents need to reach UCT on or before the applicable cut-off dates.
5. We do not take responsibility for undelivered or missing posted applications or supporting documents.
6. Please do not submit more than one application unless requested to do so.
7. Do not send original documents (Birth Certificates, IDs etc.) with the exception of affidavits. Attach recently certified (within the last 3 months) copies to the application form. Only original affidavits will be accepted.
8. A student will only receive funding for the duration of the qualification. A three-year degree or diploma will only receive funding for the three years.
9. If your application for financial aid is approved and you do not sign a contract within 30 days after registration (Loan Agreement Form [LAF] for a Loan or Schedule of Particulars [SOP] for a Bursary), then NSFAS reserves the right to withdraw funded status. You will then be responsible for all required fees as determined by the university or FET college.
10. Any false information provided as part of your application for financial aid will disqualify you from receiving financial assistance and will result in the immediate withdrawal of any approved bursary or loan. You will be responsible to pay all required fees as determined by the university or FET college.
11. By applying for financial assistance, you allow UCT and/or NSFAS to share the information provided in this application to a third party for the purposes of securing funding on your behalf.

UCT AND NSFAS WILL NOT HESITATE TO TAKE LEGAL ACTION IF SIGNATURES OR INFORMATION HAVE BEEN WILFULLY FORGED OR FALSELY GIVEN. INCOMPLETE AND UNSIGNED FORMS WILL NOT BE CONSIDERED.

Declaration by biological parent/spouse/court-appointed legal guardian

(To be completed by parent / spouse or legal guardian even if student is over 18 years of age.)

I _____ and I _____ declare that the information stated in this application
(Mother / Guardian / Spouse) (Father)

is true to the best of my knowledge and belief. I have submitted this information knowing that, if tendered in evidence, I would be liable for prosecution if I wilfully state in it anything which I know to be false or which I do not believe to be true. In the interest of good governance and accountability for Public Funds, I agree that the University and NSFAS may request my individual profile from the Transunion Credit Bureau to verify my employment details.

(Signature Mother / Guardian / Spouse)

(Signature Father / Guardian / Spouse)

Date:

D	D	M	M	2	0	1	4
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As witnessed by _____
(Signature of witness)

(Initials and last name of witness)

DECLARATION BY APPLICANT/STUDENT: I _____ hereby declare that the information stated in this application, including the information about my parents / spouse / legal guardian is true to the best of my knowledge and belief. I have submitted this information knowing that, if I wilfully stated in it anything which I know to be false or which I do not believe to be true, I may be declared ineligible for all financial assistance, and any financial assistance already granted may be withdrawn and any sums paid to me or on my behalf may be recovered from me and disciplinary action may be taken against me, either in the university courts or in the civil courts. I further undertake to inform the Student Financial Aid Office of any change in my circumstances. I acknowledge that should I fail to do so and continue to receive financial assistance which I would not be entitled to by reason of my changed circumstances, the University and NSFAS may have recourse against me in any of the ways set out above.

(Signature of applicant / student)

Date:

D	D	M	M	2	0	1	4
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FOR OFFICE USE													✓	DATE	
APPLICANT NUMBER:													NSFAS Form		
													BAS Form		
BATCH:	CAPTURER:											BAS Portfolio			
												BA (FA) Form			
RECEIPT NUMBER:	DATE:	D	D	M	M	2	0	1	Y		BA (FA) Portfolio				
											Personal Report				
AMOUNT RECEIVED:	R						.				Health Sciences CV				