



# Student APPLICATION FORM

**OFFICE USE ONLY**

Date: \_\_\_ / \_\_\_ / \_\_\_ Fee: \_\_\_\_\_  
 Receipt: \_\_\_\_\_ Let: \_\_\_\_\_  
 Int: \_\_\_\_\_ Ref: \_\_\_ / \_\_\_  
 L.O. Accept: \_\_\_\_\_  
 Tuesday / Thursday  
 Note \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Preferred first name: \_\_\_\_\_

PERSONAL

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email address: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Marital status: \_\_\_\_\_

EDUCATION

Number of years you attended high school: \_\_\_\_\_

School leaving qualification: \_\_\_\_\_

Any other qualifications: \_\_\_\_\_

EMPLOYMENT

Current employment: Full time  Part-time  Unemployed

Employment history - Position held	Year	Length of Time

OTHER INFORMATION

Are you a smoker? Yes  No  Social

Do you have the use of a car during the course? Yes  No

Driver's licence: None  Learners  Restricted  Full

Do you enjoy housework? Yes  No  So-so

Do you enjoy cooking? Yes  No  So-so

Hobbies & interests \_\_\_\_\_

Do you have any health problems or physical disability that might affect your work with children? Yes  No

COURSE DETAILS

Starting date of the course you wish to attend?

January / July

Would you like to: Live out  Live in

Would you prefer to live in:

7 days a week  Monday-Friday

Have you included with this form:

A handwritten letter

The application fee

2 written references

Did you hear about the course through

Friend (name): \_\_\_\_\_ Past Student (name): \_\_\_\_\_

Newspaper (name): \_\_\_\_\_ Facebook (tick):  website (tick):

School careers advisor (name): \_\_\_\_\_ Other (name): \_\_\_\_\_