



## **APPLICATION FORM**

Full Names:  Date of Birth:  D	A. PERSONAL DETAILS OF APPLIC	ANT		
Postal Address:  Residential Address:  Telephone Number:  Home Language:  Gender: M F Hannah's Hope Hostel: Y N Physically challenged: Y N  Nature of disability:  B. FIELD OF STUDY (Tick (v) in the box next to the programme you would like to apply for).  Hospitality and Tourism Level: Hannah's Hope Y N  ICT Fundamentals Level: Hannah's Hope Y N  Office Administration Level: Hannah's Hope Y N	Surname:			
Candidate Number:  Postal Address:  Residential Address:  Telephone Number:  Home Language:  Gender: M F Hannah's Hope Hostel: Y N Physically challenged: Y N  Nature of disability:  B. FIELD OF STUDY (Tick (V) in the box next to the programme you would like to apply for).  Hospitality and Tourism Level: Hannah's Hope Y N  ICT Fundamentals Level: Hannah's Hope Y N  Office Administration Level: Hannah's Hope Y N	Full Names:			
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Hospitality and Tourism  Level: Hannah's Hope Y N  ICT Fundamentals  Level: Hannah's Hope Y N  Office Administration  Level: Hannah's Hope Y N	Nature of disability:			
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Hospitality and Tourism  Level: Hannah's Hope Y N  ICT Fundamentals  Level: Hannah's Hope Y N  Office Administration  Level: Hannah's Hope Y N				. 2 .
ICT Fundamentals  Level: Hannah's Hope Y N  Office Administration  Level: Hannah's Hope Y N				
Office Administration Level: Hannah's Hope Y N				
				YN
	Office Administration	Level:	Hannah's Hope	YN
Highest Qualification/Previous Institution (Name of Institution, Name of Qualification, Date of Completion)	Highest Qualification/Previous Ins	titution (Name of Instituti	on, Name of Qualificati	on, Date of Completion)

## C. UNDERTAKING BY APPLICANT

I understand that completion of this form does not necessarily mean automatic acceptance into the training programme requested. I agree to make myself available for an aptitude test and/or interview where and when required. If accepted into a training programme I undertake to sign the Code of Conduct thus agreeing to abide by the institutions rules and regulations.

Applicant's Signature:	Dat	e:	
Signature of Guardian (if under the age of 18): _			_
(Kindly attach certified copies of birth certificate, passport photo with your application).	, and identificati	on documents. Als	o include a colour
Please state the name (if any) of the person who	referred you to	Anistémi	
D. DETAILS OF PERSON RESPONSIBLE FOR FEES			
Surname:			
Full Names			
Date of Birth: -			
ID Number:			
Mobile No.			
E-mail:			
Postal Address:			
Residential Address:			
Telephone Number:			
Home Language:			
Gender: M F			
Job Title:			
Employer's Name:		<u> </u>	
Employer's Physical Address:			
Employer's Postal Address:			
Employer's Telephone Number:			

## E. UNDERTAKING BY PERSON RESPONSIBLE FOR FEES

I, the undersigned, hereby take full responsibility for payment of the aforementioned student's accommodation and tuition fees.

(Please note that tuition fees do not include examination fees. Examination fees are determined by the certification provider and may change from time to time).

Guardian's Signature:	Date:
Witness Signature:	Date:

For official use:						
	Result of	Interview /	Result of	Approved /		
	Aptitude Test	Test Date	Interview / Test	Not approved		
Result & Date						
Initials of						
Evaluator						