

## SHORT LEARNING PROGRAMME APPLICATION FORM

|                                                                                                     |                                                          |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Name of Short Learning Programme:                                                                   |                                                          |
| Have you previously studied at the Short Life? (PE TAFE) (NMU) (Voc PE)<br>Previous Student Number: | YES <input type="checkbox"/> NO <input type="checkbox"/> |

| PERSONAL DETAILS                                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>                                                                       |  |
| Surname                                                                                                                                                                                         |  |
| Full First Name(s)                                                                                                                                                                              |  |
| ID / Passport No.                                                                                                                                                                               |  |
| Date of Birth:                                                                                                                                                                                  |  |
| Race group for external marking: Black <input type="checkbox"/> White <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> |  |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>                                                                                                                           |  |
| Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>                                             |  |
| Home Language:                                                                                                                                                                                  |  |
| School Leaving Date (month & year):                                                                                                                                                             |  |
| Current address (postbox/postcode, etc):                                                                                                                                                        |  |

| CONTACT DETAILS |              |
|-----------------|--------------|
| Postal Address: |              |
| Code:           |              |
| Cell number:    | Home number: |
| Work number:    |              |
| E-mail address: |              |

**PLEASE COMPLETE THE SECTION BELOW IF YOUR COMPANY IS LIABLE FOR PAYMENT.**

| COMPANY DETAILS                            |             |
|--------------------------------------------|-------------|
| Company Name:                              |             |
| Company Address:                           |             |
| Code:                                      |             |
| VAT registration number or Purchase Order: |             |
| Contact person in Finance Department:      |             |
| Tel. number:                               | Fax number: |
| E-mail address:                            |             |

NMU is independent of other institutions, university also remains responsible for students.

**OUTSTANDING DEBT REMAINS STUDENT'S RESPONSIBILITY FOR THIS COURSE! STUDENT MUST HAVE MAINTAINED ACCOUNT IN DETAIL IN BEFORE ENROLLING FOR THIS SHORT COURSE.**

In order for this application to be considered, please include:

One copy of ID / Proof of payment / Purchase Order / Company official letter confirming payment.

Marking details:

Assessment Method: Nelson Mandela University / (TRANSCHEG) Subject: Post Graduate / Branch Code: 05084.7 / Assessment No: 080445504 / Current Assessment / Reference number: n- delegate's username

Please complete and send via email to: Ms Thembisa Feneo / [T.feneo@nmandela.ac.za](mailto:T.feneo@nmandela.ac.za)

# How To Fill In An Application Form Nmmu

**KJ Lindholm-Leary**



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