



ENROLMENT FORM

Student Number													
Surname			Initials			Title		Mr		Mrs	Ms	Miss	
Name						Gender		Male		Female			
Marital status			Single		Married		Divorced		Separated		Widowed		
ID/Passport						Citizenship							
Employment			Employed			Unemployed			Volunteer				
Ethnic group			Black		Coloured		White		Indian		Other		
Mother tongue	Afrikaans		English		Ndebele		Xhosa		Zulu		Pedi		
tongue	Tsonga		Tswana		Sotho		Venda		Swati		Other		

Tel (H)			Cell		
Tel (w)			Fax		
Email					
Next of Kin		Surname		Name	
Tel (H)					
Tel (W)					
Email					

Physical address			Postal address		
Code			Code		

Disability	None	Hearing	Physical	Sight	Speech	Other
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Past qualifications							
Work experience							
Computer Literacy		Illiterate		Fairly literate		Highly literate	

I hereby apply to enrol for the following qualification

QUALIFICATION YOU ARE APPLY FOR:

MODULES

OFFICIAL USE ONLY

Course		Course code	
Intake	Course Duration	Method of payment	
Tuition method	Fulltime	Part time	Distance

LEARNER SUPPORT INFORMATION

1. Do you need academic support?

2. Family Doctor: _____ Tel: _____

Address: _____

I hereby declare that the information above is accurate and correct and should I be admitted as a student, I unconditionally agree to adhere to the rules and regulations of this institution.

SIGNED: APPLICANT: _____ SIGNED: PARENT/GUARDIAN: _____

DATE: _____ DATE: _____

Classes are conducted if the enrolled number of learners is economically viable. Cancellation will only be accepted before classes resume. Only tuition fee is refundable on cancellation

BANKING DETAILS

Bank Name: First National Bank
Branch Name: Main Street
Branch code: 251305
Account No: 62266958241



INSTALMENT AGREEMENT FORM

Student Information	Surname	Initials	Total amount	Deposit	Outstanding

Instalment No	Payment date	Amount
1		
2		
3		
4		
5		

Instalment No	Payment date	Amount
6		
7		
8		
9		
10		

Agreement entered into by Empirical Training Agency and _____

Name of person responsible for payment	Empirical Training Agency representative
Tel:	Tel:

1. I undertake full responsibility for the payment of the above mentioned fees
2. I undertake to return deposit slips to Empirical Training Agency upon payment
3. I undertake to notify Empirical Training Agency if I am not able to pay on due date
4. I take note of the fact that I will be held liable for any legal costs if I breach this contract
5. In case of a non-payment of fees, results may be withheld

Signed at _____ on this _____ day of _____ 20____

Signature of person responsible for payment

ID Number

Signature of student

ID Number



DECLARATION OF LIABILITY

I/We (employer/sponsor/other) Confirm that I/ we am/ are liable for the fees of applicant.

Signature of account holder				Date	
Surname	Names				
Title	Mr	Mr	Ms	Miss	Dr
ID Number				Gender	

1. I, the undersigned applicant do hereby acknowledge that I have familiarised myself with the prospectus, and fee schedule of the qualification that I am intending to study and certify that the information given is accurate and complete in all respect.
2. I therefore undertake to pay in full, all fees and other charges due and payable by myself or my sponsor in terms of the relevant applicable annual schedule of fees charged at Empirical Academy.
3. I agree that Empirical Academy reserves the right to withhold all some of my results, resulting from any default in payment of all or part fee payment according to this signed fee liability declaration.
4. I agree that the Empirical Academy shall be entitled to recover from me all/any legal costs incurred to enforce its right under this contract including, but not limited to attorneys own fees, collection charges and all tracing charges.
5. I agree that Empirical Academy may approach credit agencies with a view of ascertaining my credit record and that in the event of being in arrears with this account or failing to pay it, that Empirical Academy shall have an irrevocable right to inform credit agencies thereof.
6. I further accept that I must satisfy the requirements of due performance as laid down by Empirical Academy.

7. I also agree that my details will be available for other students for the purpose of study groups.
8. I therefore declare that all particulars furnished by me on this form are true and correct, and I undertake to comply and abide by the rules, regulations and decisions of Empirical Academy, and any amendments thereto.

Applicant Name: _____

Signature: _____ Date: _____

Signature of sponsor/ company representative/ other (if applicable): _____

Title: _____ Initial(s): _____ Surname: _____ Name: _____

ID Number: _____

Signature: _____ Date: _____

Witness:

Title: _____ Initial(s): _____ Surname: _____ Name: _____

Signature: _____ Date: _____

