

#### LADUMA TRAINING ACADEMY APPLICATION FORM

#### **ADDRESS**

Portion 1 of Farm Latwaai

225 JT Extension 14

Wilkens Street

Rockydrift

Whiteriver

1240

#### **ENQUIRIES**

Direct further enquiries about your application to: +27 13 590 9097

admin@ladumaacademy.co.za

# FOR OFFICE USE ONLY Course applied for Accepted Not Accepted Image: Course applied for </

Signature: \_\_\_\_\_

Date:\_\_\_\_\_

| Signature: |  |  |
|------------|--|--|
|            |  |  |
|            |  |  |

Date:\_\_\_\_\_

ALL APPLICATIONS MUST BE SENT VIA EMAIL TO:

admin@ladumaacademy.co.za

#### CONSENT TO PROCESS PERSONAL INFORMATION

#### **1. USE OF PERSONAL INFORMATION:**

- (a) Laduma Training Academy is a public training institution which performs public functions in terms of the Higher Education Act, 1997. The College is committed to protecting your right to privacy, as data subject, and recognises that it needs to comply with statutory requirements when processing personal information. The Constitution of the Republic of South Africa provides that everyone has a right to privacy. The Protection of Personal Information Act, 2013 (POPIA) was enacted as a mechanism to protect your constitutional right to privacy. POPIA also includes the right to protect against unlawful collection, retention, dissemination and use of personal information.
- (b) There are 8 conditions of unlawful processing, stipulated in Chapter 3 of POPIA, which the institution, as a responsible party, must follow in respect of all personal information which it processes. The conditions of lawful processing are Accountability, Processing Limitation, Purpose Specification, Further Processing Limitation, Information Quality, Openness, Security Safeguards and Data Subject Participation.
- (c) In terms of Section 18 of POPIA, if personal information is collected the institution must take reasonably practical steps to ensure that a data subject is made aware of the personal information which is being collected.
- (d) You must understand that you will be required to provide the institution with some of your personal information when you apply to study at the College and when you register as a student. You must acknowledge that the university will use the personal information which you provide to carry out its mission as a public college to provide teaching and learning, conduct research and engage with communities.
- (e) When you apply to study at the College, register as a student, or graduate from the College you must understand that the College:
  - Needs to consider your personal information when it determines whether you meet the selection and admission requirements to study at the College:
  - Requires your personal information to provide you with an education and to carry out its academic administration relating to the programme for which you register.
  - Will need your personal information to keep in contact with you as an alumnus and to verify that you have obtained the qualifications or have undertaken the studies that you represent to others that you have obtained from the College or undertaken with the College.
  - And requires your personal information when its records are being audited and when the College carries out its statutory duties.

#### 2. CONSENT

- (a) In light of the above, you, as the data subject, or as a competent person who represents the data subject, as the case may be, hereby consents to the collection, use, disclosure and processing by the College of the data subject's personal information for the purpose of the university providing services to you, including but not limited to registering you as a student and/or enrolling you in a course and you confirm that:
  - i. The information is supplied voluntarily, without undue influence from other party and not under any duress. You understand that the College has to have your personal information to process your application and to provide education to you. You also understand that the College cannot deal your application or provide education to you if you do not give it the personal information it requires.
  - ii. The College may obtain personal information about you from other parties, for example, the Department of Basic Education, other educational institutions and the Department of Home Affairs for the purposes of allowing the College to consider my application and that when the College obtains information form other parties, it will need to give them some of my personal information; and
  - iii. The information which is supplied herewith is mandatory for the fulfilment of the purposes specified above.
- (b) You acknowledge that you are aware that you have the following rights about such personal information which being collected, namely the right to:
  - i. Access the information at any reasonable time for purposes of rectification thereof.
  - ii. Object to the processing of the information in which case this agreement will terminate in accordance with the provisions contained herein.
  - iii. Lodge a complaint to the Information Regulator.

| do not accept |
|---------------|
|               |
|               |
|               |

#### Applicant signature

✓ Indicate with a tick

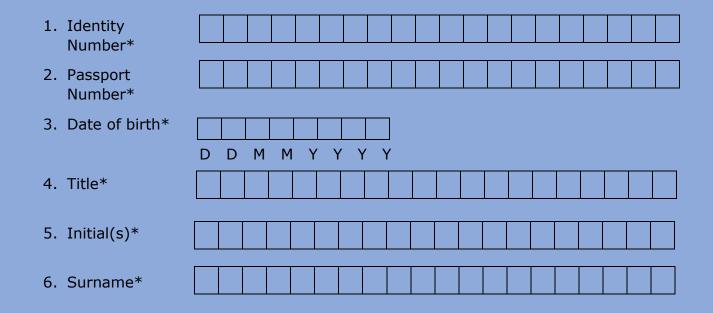
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#### **SECTION A: PERSONAL DETAILS**

Your passport size photo in white or grey background.

Recommended size

3.5 x 4.5 cm



#### 7.

8.

| First name* |     |     |     |   |  |  |  |  |  |
|-------------|-----|-----|-----|---|--|--|--|--|--|
| Gender*     | Fem | ale | Mal | e |  |  |  |  |  |

9. Population Group (information required for government reporting purposes)

| African Coloured Indian | White | Asian |  |
|-------------------------|-------|-------|--|
|-------------------------|-------|-------|--|

#### 10. Home Language\*:

| Afrikaans                       |  |
|---------------------------------|--|
| English                         |  |
| IsiNdebele                      |  |
| IsiXhosa                        |  |
| Isizulu                         |  |
| Sesotho                         |  |
| Sepedi                          |  |
| Setswana                        |  |
| SiSwati                         |  |
| Tshivenda                       |  |
| Xitsonga                        |  |
| Other Home Languages (Specify): |  |

#### 11. Current and previous activity:

|                   | Current | Previous |
|-------------------|---------|----------|
| Grade 12 learner  |         |          |
| Technical College |         |          |
| University        |         |          |
| Employed          |         |          |
| Unemployed        |         |          |
| Other(specify)    |         |          |

12. Do you have a disability, special health condition or special need that we need to know about? \*

| Yes           |          | No          |    |  |  |  |  |  |
|---------------|----------|-------------|----|--|--|--|--|--|
| If 'Yes', ple | ase prov | vide detail | s: |  |  |  |  |  |
|               |          |             |    |  |  |  |  |  |
|               |          |             |    |  |  |  |  |  |
|               |          |             |    |  |  |  |  |  |
|               |          |             |    |  |  |  |  |  |
|               |          |             |    |  |  |  |  |  |
|               |          |             |    |  |  |  |  |  |

### **SECTION B: CONTACT DETAILS AND ADDRESS**

1. Applicant's details\*:

#### 1.1 Applicant's home address:

| Postal code |  |
|-------------|--|

#### 1.2 Applicant's postal address:

| Postal code  |  |
|--------------|--|
| i ustai couc |  |
|              |  |
|              |  |

#### 1.3 Contact information\*:

| Home (if applicable) | Dialing code | Number |
|----------------------|--------------|--------|
| Work (if applicable) | Dialing code | Number |
| SA cellphone         |              |        |
| Email address        |              |        |

#### 2. Details: Parent/Guardian/Next-of-kin

| 2.1 Title           |                             |  |  |  |          |          |  |  |  |      |      |      |      |  |  |
|---------------------|-----------------------------|--|--|--|----------|----------|--|--|--|------|------|------|------|--|--|
| 2.2 Initial(s)      |                             |  |  |  |          |          |  |  |  |      |      |      |      |  |  |
| 2.3 Surname         |                             |  |  |  |          |          |  |  |  |      |      |      |      |  |  |
| 2.4 Name(s)         |                             |  |  |  |          |          |  |  |  |      |      |      |      |  |  |
| 2.5 Relationship    |                             |  |  |  | <u> </u> | <u> </u> |  |  |  | <br> | <br> | <br> | <br> |  |  |
| 2.6 Postal/Physical | 2.6 Postal/Physical Address |  |  |  |          |          |  |  |  |      |      |      |      |  |  |
|                     |                             |  |  |  |          |          |  |  |  | <br> | <br> | <br> | <br> |  |  |
|                     |                             |  |  |  |          |          |  |  |  | <br> | <br> | <br> | <br> |  |  |
|                     |                             |  |  |  |          |          |  |  |  |      |      |      |      |  |  |

Postal code

Number

#### **SECTION C: TUITION FEES AND PAYMENT OPTIONS**

#### 1. Short Courses:

2.7 Telephone number

2.8 Cellphone number

- Laduma Training Academy offers short courses, there are two short courses that are available:

Dialing code

(a) Estimating (Building Plan Training)

Price: R9999.00, upfront before the start of the course.

(b) Excel Training

Price: R4999.90, upfront before the start of the course.

This section must be completed only if the applicant is under 21 years:

I, \_\_\_\_\_

\_\_\_\_\_ (NAME AND SURNAME),

\_\_\_\_\_ (ID NUMBER), hereby declare that all I have read and understood the payment options available and tuition fees of the course. I, therefore undertake to pay all fees due to the college in accordance with this agreement.

Signature of parent/guardian

- (a) Applicant: I have read and understood the Laduma Training Academy terms and conditions or registration agreed to when completing the application form and confirm that I am bound thereby. I declare that the information that I have supplied herein and, on the application, to be complete and true. I understand that if any of this information's is found to be incomplete, false or misleading, LTA has the right to dismiss my application. In addition, I agree to indemnify and hold LTA harmless against any harm. Damage or loss which may be brought about or occasioned as a result of LTA relying on any false, inaccurate or incomplete information.
- (b) I will abide by all examination and assessment regulations.
- (c) I will inform administration immediately in writing should I change my address or contact or deregister from my course. I am aware that tuition fees and any legal costs will be indebted to me, should I fail to fulfill my financial commitments with the College.
- (d) I am responsible for payment of all fees for the duration of the year registered for even if I deregister from my course.
- (e) I accept that my registration fee is non-refundable.

| Name of Applicant:  | Signature:     |  |  |  |  |  |  |  |
|---|----------------|--|--|--|--|--|--|--|
| Signed at:  | Date:          |  |  |  |  |  |  |  |
| Parent/legal guardian: I confirm that I am the parent/guardian of the applicant above.          |                |  |  |  |  |  |  |  |
| I hereby give my consent to the applicant applying for registration. I have read and understood |                |  |  |  |  |  |  |  |
| the LTA Terms and Conditions of registration and confirm that I am                              | bound thereby. |  |  |  |  |  |  |  |
| Name of parent/legal guardian:  | Signature:     |  |  |  |  |  |  |  |
| Signed at:  | Date:          |  |  |  |  |  |  |  |