



## STUDENT APPLICATION FORM

### INSTRUCTIONS:

- Please write in PRINT
- Please tick (✓) the appropriate box
- All sections are to be completed

| SECTION 1: STUDENTS PERSONAL DETAILS                     |         |                  |                                                                                                             |                |        |  |  |        |                |
|----------------------------------------------------------|---------|------------------|-------------------------------------------------------------------------------------------------------------|----------------|--------|--|--|--------|----------------|
| APPLICATION YEAR                                         | 2       | 0                |                                                                                                             |                |        |  |  | TITLE: | Miss Mrs Ms Mr |
| SURNAME<br><i>Print name clearly as in SA ID book</i>    |         |                  |                                                                                                             |                |        |  |  |        |                |
| FIRST NAME<br><i>Print name clearly as in SA ID book</i> |         |                  |                                                                                                             |                |        |  |  |        |                |
| MAIDEN SURNAME<br><i>(If married)</i>                    |         |                  |                                                                                                             |                |        |  |  |        |                |
| IDENTITY NUMBER                                          |         |                  |                                                                                                             |                |        |  |  |        |                |
| DISABILITY<br><i>(Required by SAQA)</i>                  | Yes     | No               | If Yes, please specify: _____<br>-                                                                          |                |        |  |  |        |                |
| HOW DID YOU HEAR ABOUT CHILDVISION?                      | Website | Previous student | ECD Principal                                                                                               | Office Inquiry | Other: |  |  |        |                |
| HAVE YOU EVER REGISTERED FOR A COURSE IN ECD BEFORE?     | Yes     | No               | If yes, please supply the level of training, date of registration and the name of the institution:<br>_____ |                |        |  |  |        |                |

**SECTION 2: STUDENT CONTACT DETAILS**

|                                                                                               |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| <b>PHYSICAL ADDRESS</b>                                                                       |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |
|                                                                                               |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |
|                                                                                               | Town:                                                                                                                         |  |  |  |  |  |  |  |  |  |  |
|                                                                                               | Area Code:                                                                                                                    |  |  |  |  |  |  |  |  |  |  |
| <b>POSTAL ADDRESS</b><br>(if different from physical address)                                 |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |
|                                                                                               |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |
|                                                                                               | City                                                                                                                          |  |  |  |  |  |  |  |  |  |  |
|                                                                                               | Area Code:                                                                                                                    |  |  |  |  |  |  |  |  |  |  |
| <b>NAME OF MUNICIPALITY</b>                                                                   |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |
| <b>LANDLINE NUMBER</b>                                                                        | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|                                                                                               |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |
| <b>CELL NUMBER</b>                                                                            | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |
|                                                                                               |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |
| <i>*Please supply cell phone number that we can send WhatsApp communication on or an SMS.</i> |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |
| <b>EMAIL ADDRESS</b>                                                                          |                                                                                                                               |  |  |  |  |  |  |  |  |  |  |

**SECTION 3: HIGHEST QUALIFICATION AND WORK EXPERIENCE**

|                                   |                                                                                                                                                         |                            |                |                |                        |                        |  |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|----------------|------------------------|------------------------|--|
| <b>MATRIC CERTIFICATE</b>         | <b>Please indicate with a tick ✓</b>                                                                                                                    |                            |                |                |                        |                        |  |
|                                   | <table border="1"><tr><td><b>YES</b></td><td></td><td><b>NO</b></td><td></td></tr></table>                                                              | <b>YES</b>                 |                | <b>NO</b>      |                        |                        |  |
|                                   | <b>YES</b>                                                                                                                                              |                            | <b>NO</b>      |                |                        |                        |  |
|                                   | If no, please state highest grade passed:                                                                                                               |                            |                |                |                        |                        |  |
|                                   |                                                                                                                                                         |                            |                |                |                        |                        |  |
| <b>NAME OF SCHOOL ATTENDED</b>    |                                                                                                                                                         |                            |                |                |                        |                        |  |
| <b>ADDRESS OF SCHOOL ATTENDED</b> |                                                                                                                                                         |                            |                |                |                        |                        |  |
|                                   |                                                                                                                                                         |                            |                |                |                        |                        |  |
|                                   | City                                                                                                                                                    |                            |                |                |                        |                        |  |
|                                   | Area Code:                                                                                                                                              |                            |                |                |                        |                        |  |
| <b>SUBJECTS PASSED</b>            | <b>Please indicate with a tick ✓ the subjects passed.</b>                                                                                               |                            |                |                |                        |                        |  |
|                                   | <table border="1"><tr><td><b>Maths or Maths Lit.</b></td><td></td><td><b>English</b></td><td></td><td><b>Second Language</b></td><td></td></tr></table> | <b>Maths or Maths Lit.</b> |                | <b>English</b> |                        | <b>Second Language</b> |  |
|                                   | <b>Maths or Maths Lit.</b>                                                                                                                              |                            | <b>English</b> |                | <b>Second Language</b> |                        |  |
|                                   |                                                                                                                                                         |                            |                |                |                        |                        |  |

|                                |                         |           |                                                                     |
|--------------------------------|-------------------------|-----------|---------------------------------------------------------------------|
| <b>ANY ECD WORK EXPERIENCE</b> | <b>Yes</b>              | <b>No</b> | If Yes, please state length of experience :<br>_____ (years/months) |
|                                | Age group taught: _____ |           |                                                                     |

#### **SECTION 4: APPLICATION CHECKLIST**

**NOTE: Before submitting this application form, please ensure that you have attached the following mandatory documentation.**

**Your application will not be processed unless the above documents are submitted.**

**Any student providing fraudulent documentation will be reported.**

- All documentation is to be certified (**not older than 3 months**)
- Please note that completion of the application form and supporting documents does not guarantee your placement.
- Please remember to update us of any changes in your personal or contact details.

|                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Certified copy of your identity document                                                                                                                                             |  |
| 2. Certified copy of your matric certificate (if applicable) OR highest school qualification.<br>For entry into ChildVision 1 you will need to provide your matric or grade 11 results. |  |
| 3. Proof of ECD work experience, e.g. signed reference letter (if applicable)                                                                                                           |  |
| 4. A passport size photograph (this can be sent via WhatsApp to +27 82 952 7286) please send it with your name as in SA ID book.                                                        |  |
| 5. Latest Curriculum Vitae (CV)                                                                                                                                                         |  |

#### **SECTION 5: TERMS AND CONDITIONS**

- Where the training will be conducted?

At a model ChildVision childcare centre.

- Where students will stay and eat?

Accommodation and meals are provided.

- How will students travel?

Public transport

- What are the fees?

R50,000 per student for one year. This covers transport, accommodation, meals, training materials, and tuition. Sponsoring churches cover 95% of the fees for qualifying students.

- How much must students contribute?

Students pay 5% of the fees, which is R2,500. R500 is a registration fee. The remaining R2,000 can be paid in full or in quarterly payments of R550. Financial assistance is available; apply with a motivation letter to the Chairperson, Khanyisani Trust, via email or WhatsApp.

- Any other costs or requirements?

Students are required to bring a minimum of R150 savings money per block (i.e. R450 for the year), adhere to a Christian-based code of conduct, and participate in income-generating activities.

**I confirm that I have read and understood everything above, and that the personal information I have given is true and correct.**

**I agree to sign and abide by a Christian code of conduct. I will not consume alcohol, nor will I use, possess, distribute, or be under the influence of any intoxicating or stimulant substances while participating in any ChildVision activities or while on the premises.**

**I will not leave the premises during a training block without permission. If I am granted permission to leave, I will still not consume alcohol or use, possess, or be under the influence of any intoxicating or stimulant substances during that time.**

**I understand that ChildVision is a Christian course. I agree to attend all training sessions, Bible studies, and church services. I understand that I am not being forced to believe, but by signing this form I commit to full participation, attendance, and adherence to the curriculum.**

**I understand that failure to comply with these commitments may affect my participation in the course.**

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**