

## APPLICATION FOR ADMISSION 2020

### APPLICANT INFORMATION

|                                     |                      |                 |
|-------------------------------------|----------------------|-----------------|
| Surname and Name:                   |                      |                 |
| Initials:                           | ID Number:           | Date of birth:  |
| Current address:                    |                      |                 |
| City:                               | Code:                | Contact Number: |
| Highest Grade passed:               | Other Qualification: | Institution:    |
| Disability (If yes please specify): |                      |                 |

### EMPLOYMENT INFORMATION

|                         |       |        |
|-------------------------|-------|--------|
| ECD Center Name:        |       |        |
| Current employer:       |       |        |
| Work:                   | Cell: | email: |
| Programme applying for: |       |        |

### FORMAL EDUCATION & TRAINING

|  |             |
|--|-------------|
| Highest Grade Passed in Mathematics:           |             |
| Highest Grade Passed in First language:        | ABET Level: |
| Previous Early Childhood Development Training: |             |

**Please attach CV and Certified Copies Of Certificates To Verify The Above information**

### NEXT OF KIN CONTACT

|   |       |       |
|---|-------|-------|
| Name of a relative not residing with you: |       |       |
| Address:                                  |       | Cell: |
| City:                                     | Code: |       |
| Relationship:                             |       |       |

### REFERENCES

| Name | Address | Phone |
|------|---------|-------|
|      |         |       |
|      |         |       |

### SIGNATURES

I the undersigned declare that all particulars given by me in this form are true and correct.

|                         |       |
|-------------------------|-------|
| Signature of applicant: | Date: |
|-------------------------|-------|



SITHUTHUKILE TRUST  
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