



## NEXT OF KIN

Surname:	<input type="text"/>	Title:	<input type="text"/>
First Names:	<input type="text"/>		
Cell Number:	<input type="text"/>	ID Number:	<input type="text"/>
Home Number:	<input type="text"/>	Relationship:	<input type="text"/>
Email Address:	<input type="text"/>		
Name of Employer:	<input type="text"/>	Work Number:	<input type="text"/>
Address of Employer:	<input type="text"/>		
	<input type="text"/>	Postal Code:	<input type="text"/>

## DISABILITY STATUS

Please specify your disability rating for each of the following in the table below:

Disability Type	Communicating	Sight	Hearing	Self-care	Remembering	Walking
No difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lot of difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot do at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## CRIMINAL RECORD

Do you have a criminal record:  Yes  No

Take note that you will not be able to practice as a teacher should you have a criminal record at the time of completing your qualification.

## HOW DID YOU HEAR ABOUT US

<input type="checkbox"/> Head Office	<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter	<input type="checkbox"/> Google	<input type="checkbox"/> SANTS Student	<input type="checkbox"/> Friend	<input type="checkbox"/> Other
<input type="checkbox"/> SANTS Website	<input type="checkbox"/> Radio	<input type="text"/> Marketer Code				

## DECLARATION

I/We, the undersigned, by my/our signature hereto consent, warrant and agree that:

I am aware that the number of applications received, may outnumber the spaces available at the institution. Therefore, meeting the minimum requirements for the application does not guarantee admission to the institution.

If my application is successful and I accept the opportunity to study at SANTS,

- I declare that:
  - I will comply with the Student Code of Conduct stipulated by SANTS.
  - I shall inform the Administration Department immediately, in writing, if I change/ amend any part of my personal and/ or contact details.
  - I have acquainted myself with the information in the prospectus and on SANTS' website, including Recognition of Prior Learning (RPL) that relate to the qualification for which I am applying.
- I/We hereby accept liability for the payment of all the tuition fees or other fees which may be charged by SANTS as a result of my/his/ her studies at SANTS as described in the Prospectus.
- I am aware that my enrolment is valid only if it complies with the regulations of the qualification concerned, notwithstanding the acceptance of this application by SANTS.
- I/We accept the responsibility of submitting all documents required by SANTS before the stipulated due dates.
- I declare that the information contained herein is true and correct and SANTS shall be entitled to cancel my registration if I have made any misrepresentation or omission on this application.

Signature of Applicant: .....

Date: .....

To be completed with the assistance of Parent/Guardian/Spouse where an applicant is not financially independent or/and under the age of 18 years (a minor).

I declare : That I make this application and give the declarations and understanding with the knowledge and consent of my Parent/Guardian or Employer (if applicable).

Signature of Applicant: .....

Signature of Guardian: .....

Date: .....

Date: .....

## CONTACT DETAILS

SANTS  
PO Box 72328  
Lynnwood Ridge, 0040  
Enquiries : 087 353 2504 or [info@sants.co.za](mailto:info@sants.co.za)  
Fax No : 012 348 7037

## SANTS BANKING DETAILS

Name:	SANTS
Bank:	First National Bank
Branch & code:	Menlyn 252-445
Account number:	62438872261
Payment ref:	Applicant's ID Number & Surname