

## FURTHER EDUCATION AND TRAINING CERTIFICATE: SOCIAL AUXILIARY WORK NQF LEVEL 4 LEARNER APPLICATION FORM

*Programme Notes:*

1. This is a 12 months modular training programme comprising 30% theory followed by 70% mentor guided work based application (theoretical practice application) in each module.
2. Entry level: FETC (Grade 10) or equivalent or a NQF Level 3 recognised qualification – and, as necessary, prospective Learners are assumed to be competent in:
  - i) Reading, writing, listening and speaking in English, equivalent to NQF Level 3; and
  - ii) the ability to undertake independent learning
3. A Mentor, who is a social work professional with at least two years of experience, should be found by you the learner or, if necessary, found with CEFA assistance.

This form may be completed on-line.

Please print and sign this form before sending it to CEFA

**MODE OF INSTRUCTION REQUIRED (tick your answer):**

|   |     |    |
|---|-----|----|
| Face-to-Face (i.e. classroom) method of learning?       | YES | NO |
| my-eLEARNING (i.e. online computer) method of learning? | YES | NO |

**If the e-platform online method of learning is required, please indicate if you have the following necessary computer equipment? (tick your answer.)**

|                                     |     |    |
|-------------------------------------|-----|----|
| Computer equipment (if applicable): | YES | NO |
| Processor: 1.0GHZ or higher         | YES | NO |
| Hard Drive: 40 GB hard drive        | YES | NO |
| Memory: 1Gb +                       | YES | NO |
| Windows 10                          | YES | NO |
| Internet connection                 | YES | NO |

| For official use:                                 | Application approved |                | Learner number: |          |  |  |
|---|----------------------|----------------|-----------------|----------|--|--|
|   | Fully:               | Provisionally: |                 |          |  |  |
| <b>PERSONAL INFORMATION</b>                       |                      |                |                 |          |  |  |
| IDENTITY NUMBER (ID)*                             |                      |                |                 |          |  |  |
| SURNAME   |                      |                |                 |          |  |  |
| FIRST NAME  |                      |                |                 |          |  |  |
| MIDDLE NAME                                       |                      |                |                 |          |  |  |
| TITLE (Miss, Mrs, Mr, other)                      |                      |                |                 |          |  |  |
| DATE OF BIRTH                                     | CCYY / MM / DD       |                |                 |          |  |  |
| EQUITY (for report purposes only) (mark with x)   | AFRICAN              | COLOURED       | WHITE           | INDIAN   |  |  |
| GENDER (for report purposes only) (mark with x)   | MALE                 |                |                 | FEMALE   |  |  |
| MARITAL STATUS (mark with x)                      | SINGLE               | MARRIED        | DIVORCED        | WIDOW/ER |  |  |
| HOME LANGUAGE                                     |                      |                |                 |          |  |  |
| SECOND LANGUAGE                                   |                      |                |                 |          |  |  |
| NATIONALITY                                       |                      |                |                 |          |  |  |
| DISABILITY DESCRIPTION (if applicable)            |                      |                |                 |          |  |  |
| PROVINCE  |                      |                |                 |          |  |  |
| HIGHEST SCHOOL QUALIFICATION                      |                      |                |                 |          |  |  |
| HAVE YOU BEEN FOUND GUILTY OF A CRIMINAL OFFENCE? | YES                  |                | NO              |          |  |  |
| POLICE CLEARANCE                                  |                      |                |                 |          |  |  |
| <b>CONTACT INFORMATION</b>                        |                      |                |                 |          |  |  |
| LANDLINE NUMBER                                   |                      |                |                 |          |  |  |
| CELL NUMBER                                       |                      |                |                 |          |  |  |
| FAX NUMBER  |                      |                |                 |          |  |  |
| <b>POSTAL ADDRESS</b>                             |                      |                |                 |          |  |  |
|   |                      |                |                 |          |  |  |
| POSTAL CODE                                       |                      |                |                 |          |  |  |
|   |                      |                |                 |          |  |  |
| <b>PHYSICAL ADDRESS</b>                           |                      |                |                 |          |  |  |
|   |                      |                |                 |          |  |  |
|   |                      |                |                 |          |  |  |
| POSTAL CODE                                       |                      |                |                 |          |  |  |
| <b>EMAIL ADDRESS</b>                              |                      |                |                 |          |  |  |
| ALTERNATIVE CONTACT:                              |                      |                |                 |          |  |  |
| NAME  |                      |                |                 |          |  |  |
| CONTACT NUMBER                                    |                      |                |                 |          |  |  |

**\*Please supply ONE copy of both your ID document and highest school qualification, certified not more than three months ago by a Commissioner of Oaths (e.g. at a police station) –with the Application.**

## FEES AND PAYMENT INFORMATION

### COURSE FEES

The full course tuition fee for the face-to-face classroom method of learning is R22 600.00 and for the my- eLEARNING online platform method of learning is R 20 500.00, A non- refundable fee of R 800.00 towards the tuition fee is payable before your application is processed for approval. A further R 6 200.00 towards the tuition fee is payable before the registration date.

Two payment options are:

**Option 1:** 5% discount on payment in full up front.

Face to face: R 22 600.00 – 5% = R 21 470.00

my-eLEARNING: R 20 500.00 – 5% = R 19 475.00

**Option 2:** R 800.00 + R 6 200.00 + 12 equal payments paid monthly.

Face to face: R 22 600.00 = R 800.00 + R 6 200.00 + (R 1 300.00 x 12 paid monthly)

my-eLEARNING: R 20 500.00 = R 800.00 + R 6 200.00 + (R 1 125.00 x 12 paid monthly)

| <b>FEE TOWARDS TUITION R800,00 (non-refundable payable with application submission)</b>                              |   |  |
|--|---|--|
| NAME OF BANK   | Standard Bank   |  |
| NAME & CODE OF BRANCH  | Tyger Manor 051001  |  |
| ACCOUNT NAME   | Continuing Education for Africa                                 |  |
| ACCOUNT NUMBER   | 083048030   |  |
| ACCOUNT TYPE   | Current   |  |
| REFERENCE NUMBER   | <b>Please quote your ID number on the deposit as reference.</b> |  |
| PAYMENT OPTION   | Option 1: Full Amount with 5% discount                          | Option 2: Course fee in 12 equal installments with no discount |
| <b>PARENT / SPONSOR RESPONSIBLE FOR COURSE FEES PAYMENT (if not paid by applicant) IF APPLICATION IS SUCCESSFUL.</b> |   |  |
| <b>PARENT / SPONSOR INFORMATION</b>  |   |  |
| NAME AND SURNAME   |   |  |
| TEL. NUMBER  |   |  |
| FAX NUMBER   |   |  |
| CELL NUMBER  |   |  |
| EMAIL ADDRESS  |   |  |
| PARENT/SPONSOR IDENTITY/PASSPORT No  |   |  |
| RELATIONSHIP TO YOU  |   |  |
| <b>SPONSOR INFORMATION (if applicable)</b>   |   |  |
| NAME / COMPANY NAME  |   |  |
| TEL. NUMBER  |   |  |
| FAX NUMBER   |   |  |
| ID NO. / CO. REGISTRATION NO.  |   |  |
| VAT NUMBER (if applicable)   |   |  |
| EMAIL ADDRESS  |   |  |
| POSTAL ADDRESS   |   |  |
|  |   |  |
| POSTAL CODE  |   |  |
| HOW DID YOU HEAR ABOUT CEFA?   |   |  |

For more information, please see the 2021 Fees Booklet on our website.

**DECLARATION & UNDERTAKINGS BY APPLICANT**

I the undersigned declare that:

- i. the information provided by me in this application form is true and correct;
- ii. I, together with my parent, or sponsor (if applicable), will be responsible for the payment of all course fees due by virtue of my agreement with CEFA upon acceptance and enrolment as a learner;
- iii. I have acquainted myself with the rules and regulations of CEFA which are aligned with Post-School Education and Training regulations and policy.

SIGNED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 .

\_\_\_\_\_  
Signature of LEARNER

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**DECLARATION & UNDERTAKINGS BY PARENT OR SPONSOR**

I the undersigned declare that:

- i. the information provided by me in this application form is true and correct;
- ii. I hereby accept responsibility together with my child or person I am sponsoring for the payment of all moneys that are due to CEFA during the total duration of his or her SAW training study at CEFA and undertake to ensure that all payments are paid punctually when due.
- iii. I understand that interest will be charged on all outstanding amounts on a monthly basis

SIGNED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 .

\_\_\_\_\_  
Signature of Parent or Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## DOCUMENTS CHECKLIST

In order to apply the following documents are required:

|    | DOCUMENT  | Y | N |
|----|---|---|---|
| 1. | Completed Application Form.                           |   |   |
| 2. | ID – one (1) certified copy                           |   |   |
| 3. | Curriculum Vitae (CV).                                |   |   |
| 4. | Highest school qualification – one (1) certified copy |   |   |
| 5  | Police clearance                                      |   |   |

Documents required in support of your Application may be submitted either with it or upon induction to the course.

If applying by mail, please submit your Application and any accompanying documents without delay to:

### CEFA

The Manager: Teaching and Learning  
 PO Box 173  
 Wellington, 7654  
 Contact number: 021 873 3998

If applying by email please send your Application and any accompanying documents to [application@cefa.co.za](mailto:application@cefa.co.za)

If applying in person, please bring your Application and any accompanying documents to our offices at 47 Bain Street, Wellington, between 08h30 and 16h30.

### PLEASE NOTE:

- YOUR APPLICATION WILL ONLY BE CONSIDERED IF THE ENTRY REQUIREMENTS ARE MET AND ALL THE REQUIRED DOCUMENTS ARE ATTACHED.
- NO FAXED APPLICATIONS WILL BE ACCEPTED.
- ONLY ORIGINAL CERTIFIED DOCUMENTS (HIGHEST SCHOOL QUALIFICATION AND IDENTITY DOCUMENT )WILL BE ACCEPTED
- CEFA WILL NOTIFY SUCCESSFUL APPLICANTS WITHIN FOUR WEEKS OF THEIR APPLICATION AND DOCUMENTATION SUBMISSION.

### CEFA Disclaimer

All information in this Application document was correct at the time of going to press. Any changes in information, terms and conditions will be made to this document as soon as possible and every attempt will be made to notify anyone who needs to know of these changes without undue delay.