

## NATIONAL CERTIFICATE: COMMUNITY DEVELOPMENT NQF LEVEL 5 LEARNER APPLICATION

### Programme Notes:

1. This is a 12 months modular training programme comprising 40% theory followed by 60% mentor guided work based application (theoretical practice application) in each module.
2. Entry level: FETC (Grade 12) or equivalent or a NQF Level 4 recognised qualification – and, as necessary, prospective Learners are assumed to be competent in: i) Communication at NQF Level 4; and ii) Mathematical Literacy at NQF Level 4. Language of instruction is English.
3. The programme is available face-to-face or via the CEFA “my-eLEARNING” online electronic media platform (see computer requirements information).
4. A Mentor, who is a senior community development professional with at least three 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

### LEARNING METHOD REQUIRED (circle 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? (Circle your answer.)

Computer equipment (if applicable):	YES	NO
Processor: 1.0GHZ or higher	YES	NO
Hard Drive: 40 GB hard drive	YES	NO
Memory: 1 Gb +	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 QUALIFICATION				
<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 three copies of both your ID document and school certificate, certified not more than three months ago by a Commissioner of Oaths (e.g. at a police station) – either with the Application or upon induction to the course.**

## FEES AND PAYMENT INFORMATION

### COURSE FEES

The full course tuition fee for the face-to-face classroom method of learning is R20 800.00 and for the my- eLEARNING online platform method of learning is R18 400.00, A non-refundable fee of R 800.00 towards the tuition fee is payable before your application is processed for approval. A further R 5 600.00 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 20 800.00 – 5% = R 19 760.00

my-eLEARNING: R 18 400.00 – 5% = R 17 480.00

**Option 2:** R 800.00 + R 4 500.00 + 12 equal payments paid monthly.

Face to face: R 20 800.00 = R 800.00 + R 5 600.00 + (R 1 200.00 x 12 paid monthly)

my-eLEARNING: R 18 400.00 = R 800.00 + R 5 600.00 + (R 1 000.00 x 12 paid monthly)

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

<b>FEE TOWARDS TUITION R 800,00 (non-refundable payable with application submission)</b>	
NAME OF BANK	Standard Bank
NAME & CODE OF BRANCH	Tyger Manor 050410
ACCOUNT NAME	Continuing Education for Africa
ACCOUNT NUMBER	083048030
ACCOUNT TYPE	Current
REFERENCE NUMBER	Please quote your <b>ID number</b> on the deposit as reference
PAYMENT OPTION	Option 1: Full Amount with 5% discount Option 2: Course fee in 12 equal installments with no discount
<b>PARENT / GUARDIAN / EMPLOYER (if you are employed) RESPONSIBLE FOR COURSE FEES PAYMENT (if not paid by applicant) IF APPLICATION IS SUCCESSFUL.</b>	
<b>PARENT / GUARDIAN / SPONSOR INFORMATION</b>	
NAME AND SURNAME	
TEL. NUMBER	
FAX NUMBER	
CELL NUMBER	
EMAIL ADDRESS	
PARENT/GUARDIAN IDENTITY/PASSPORT	
RELATIONSHIP TO YOU	
<b>EMPLOYER 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?	

**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, guardian, employer 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 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		

**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 DOCUMENTS WILL BE ACCEPTED UNLESS OTHERWISE AGREED.**
- **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.