

APPLICATION FORM

Dear LEARNER

Please take some time to complete this application form as accurately as possible. This will prevent delays in accepting you for the training you want to go through. Also supply us with a copy of your highest academic qualification, your ID copy and CV with your personal information such as Email address, physical address and contact details. The document deems to serve as a valid contract once you are accepted for training at this institution.

NB: A non-refundable application fee of R50.00 (Fifty Rand) should accompany this application form, and should be paid into the following account:

Name of Account Holder: MRTT

Name of bank: Standard Bank

Acc no: 030004764

Please write the applicant's name and surname as reference

Please email the application form together with the relevant documents, and the proof of payment to: admin.academic@rttrust.co.za

063 647 8526

Thank you

The Administrator

PLEASE ENSURE THAT THESE DOCUMENTS ARE SUBMITTED TOGETHER WITH YOUR APPLICATION:

MOST RECENTLY CERTIFIED COPIES ONLY (Not older than 6 months)

- 1. Grade report/ Matric certificate**
- 2. ID Copy/ Passport Copy (International Learners)**
- 3. CV**

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SECTION A														
LEARNER DETAILS (Please print IN BLOCK LETTERS using a black pen) OR Indicate Correct choice with an <input checked="" type="checkbox"/>														
TITLE	MR	MS	MISS	OTHER (SPECIFY)										
SURNAME														
FIRST NAMES														
NATIONALITY														
ID /PASSPORT NR														
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y						
GENDER	M	F	RACE		A	C	I	W	DISABLED		YES	NO		
Learner Cell number														
Learner Home Number OR Another Contact Number of Family Member														
(If Family Member given above, please provide contact Name, Surname and Relationship)														
IN CASE OF EMERGENCY, please provide the contact Name, Surname and Relationship of an additional person or family member														
LEARNER postal address				LEARNER residential address										
CODE				CODE										

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SECTION B					
COURSE INFORMATION					
Indicate which learning programme you wish to register for with an <input checked="" type="checkbox"/> in spaces provided					
Qualification Type	Course Name	NQF Level	Duration (Full Time)	Tuition	Indicate with <input checked="" type="checkbox"/>
Skills Programme	Assistant Chef	2	6 months	R 8 738.00 (Includes chef uniform)	
Skills Programme	Bar Attendance	2	6 months	R7 238. 00	
National Certificate	Professional Cookery	4	12 months	R 11 388.00 (Includes chef uniform)	
National Certificate	Food and Beverage Services	4	12 months	R 9 700.00	
SECTION C					
EDUCATION					
Please complete the information below in spaces provided					
HIGHEST QUALIFICATION	SCHOOL/COLLEGE NAME	GR	YEAR	CERTIFICATE Y/N	
POST HIGHSCHOOL QUALIFICATION NAME	INSTITUTION NAME	NQF LEVEL	YEAR	TYPE OF QUALIFICATION	
EMPLOYMENT HISTORY (MOST RECENT)					
EMPLOYERS NAME	JOB TITLE	FROM (DATE)	TO (DATE)	REASON FOR LEAVING	
SECTION D					
DECLARATION					
Please truthfully complete the information below in spaces provided.					
It is a legal requirement of HTA to ensure the health and safety of learners and employees. Should you fail to declare something that could affect your or other person's health and safety, it may result in your expulsion at a later stage. HTA hereby refers to its stated Indemnity clause					

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Do you have any illness or suffer from any condition that could affect your studies or practical work?				YES	NO
Are you pregnant, or do you foresee becoming pregnant whilst studying this course?				YES	NO
Are you taking any long-term or chronic medication?				YES	NO
Do you take drugs, alcohol or any legally prohibited substances?				YES	NO
<p align="center">If YES to any of these questions, note that HTA may NOT prohibit you from applying; yet you may be prevented from participating in some activities, OR you may require special assistance.</p>					
SECTION E					
PAYMENT DETAILS					
NATURE OF REGISTRATION					
Indicate with an <input checked="" type="checkbox"/> in the appropriate block					
LEARNERSHIP		UNEMPLOYED PERSON		TRADE TEST	
APPRENTICESHIP		TECHNICAL COLLEGE		RPL	
PRIVATE LEARNER		BURSARY			
PRIVATE SPONSOR		OTHER (SPECIFY)			
PAYEE INFORMATION					
Indicate with an <input checked="" type="checkbox"/> in the appropriate block					
RESPONSIBILITY			PAYMENT METHOD		
Employer (Company)			Full Payment		
SETA(_____)			Deposit and monthly installment		
Self			Registration fee and () * payments		
Other (Specify)					
Note: * Please indicate number of payments to be made. A certificate will not be issued unless the entire course fee has been paid up.					
Installment	A (for office use only) mount and receipt no.	FOR OFFICIAL USE ONLY			
Deposit	Course no:			
Month 1	Course fee:			
Month 2	Cost code:			
Month 3	Registration fee:			
Month 4	Receipt no.			
Month 5	LEARNER no.:			
Month 6				

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BENEFACTOR DETAILS													
(Please print IN BLOCK LETTERS using a black pen) OR Indicate Correct choice with an <input checked="" type="checkbox"/>													
Please provide Certified ID copy of Benefactor													
TITLE	MR	MS	MISS	OTHER (SPECIFY)									
SURNAME													
FIRST NAMES													
EMPLOYER NAME													
EMPLOYER CONTACT DETAILS (TEL)													
NATIONALITY													
ID /PASSPORT NR													
Cell number													
Postal address							Residential address						
CODE							CODE						

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I,the undersigned person agree that the above information is true and correct. I further agree to abide by the rules and regulations of the Mpumalanga Hospitality and Tourism Academy and to pay over the stipulated amounts as specified at the agreed upon times for the training I am going to receive.

Signature of LEARNER

Date

Signature of Benefactor

Date