



## 2018 APPLICATION FORM

### *FEBRUARY to NOVEMBER*

P.O. Box 1962, BRITS, 0250  
Contact: **084 342 4351 / 072 270 4036**  
E-mail: [mediacentre@citc.za.com](mailto:mediacentre@citc.za.com)  
Website: [www.younglions.co.za](http://www.younglions.co.za)

#### **A. APPLICATION FOR ADMISSION**

**PERSONAL DETAILS OF APPLICANT:** (please print clearly in **BOLD** letters)

SURNAME: \_\_\_\_\_ INITIALS: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ IDENTITY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PASSPORT NUMBER: \_\_\_\_\_

(DD/MM/YYYY)

(Please mark accordingly)

TITLE: MR \_\_\_\_\_ MISS \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

SOUTH AFRICAN \_\_\_\_\_ OTHER \_\_\_\_\_ (Please specify) \_\_\_\_\_

STUDY PERMIT NUMBER: \_\_\_\_\_ PERMIT EXPIRY DATE: \_\_\_\_\_

PHYSICAL ADDRESS: (please print clearly in **BOLD** letters)

\_\_\_\_\_  
\_\_\_\_\_

POSTAL ADDRESS: (please print clearly in **BOLD** letters, if different from above address)

\_\_\_\_\_  
\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CELL No: \_\_\_\_\_

**B. PRELIMINARY REPORT OF PROSPECTIVE LEARNER**

NAME OF SCHOOL ATTENDED or ATTENDING AT PRESENT:

\_\_\_\_\_

HIGHEST GRADE PASSED: \_\_\_\_\_ SCHOOL CONTACT No: \_\_\_\_\_

- Please provide a copy of your academic certificate if available.

**C. DETAILS OF PARENT/GUARDIAN**

**SURNAME OF PARENT/GUARDIAN 1:** \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

TITLE: Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ I.D. No of PARENT/GUARDIAN: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PROFESSION: \_\_\_\_\_

HOME TEL No: \_\_\_\_\_ WORK TEL No: \_\_\_\_\_

CELL No: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**SURNAME OF PARENT/GUARDIAN 2:** \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

TITLE: Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ I.D. No of PARENT/GUARDIAN: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PROFESSION: \_\_\_\_\_

HOME TEL No: \_\_\_\_\_ WORK TEL No: \_\_\_\_\_

CELL No: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**D. DETAILS OF RELATIVE/FRIEND**

(Other than guardian/parent)

Relationship to applicant: \_\_\_\_\_

SURNAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME TEL No: \_\_\_\_\_ WORK TEL No: \_\_\_\_\_

CELL PHONE No: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**E. PAYMENT AGREEMENT** (To be completed by the person responsible for the payment of applicant’s fees).

Name:  Surname:

I.D. No:

Postal Address:

Home Tel No: Work  Tel. No:

Cell No:  Email

**PAYMENT INFORMATION:**

- 1. The course fee is **R68, 100.00** for the year.
- 2. A deposit of **R15, 000.00** (Which excludes the **R250.00** non-refundable administration fee) is payable prior to registration.
- 3. The remaining amount of **R53, 100.00** is payable in monthly instalments payment of **R5, 900.00** (per month over a period of 9 months).
- 4. Full fees must be settled by <sup>1st</sup> November 2018 to enable learners to receive their certificate(s).
- 5. Any fees outstanding for more than 2 month will result in automatic expulsion.

**N.B.** Please note that the deposit is due at the end of January. This is a separate payment from the monthly payments that are to be made in advance, starting from 1<sup>st</sup> March up until 1<sup>st</sup> November.

**Please Note:** The fees will include lodging, 3 meals per day, all transfers, gym, lectures, facilitators and all study materials.

**CONDITIONS OF REGISTRATION**

I confirm the enrolment of \_\_\_\_\_ (Learners Name) at “Young Lions” in order to participate in the aforementioned course and agree to and accept the terms and conditions of registration.

I hereby agree that I am liable for the full contract amount even if the course is not completed by learner in the stipulated time period, due to any failure on their part.

I understand that this contract may only be cancelled in exceptional circumstances, subject to the cancellation procedure.

SIGNATURE

WITNESS NAME

WITNESS SIGNATURE

**CANCELLATION AND EXPULSION PROCEDURE:**

Should the candidate need to cancel due to unforeseen circumstances or if they are expelled from “Young Lions”, the following procedures should be followed: A full justification of cancellation should be submitted in writing.

- **The R 250.00 administration fee is non-refundable.**
- **Cancellation between the 01 January 2018 and 31 January 2018:**  
(The deposit of R15, 000-00 will not be refunded, if already paid).
- **Cancellation between the 01 February 2018 and 30 April 2018:**  
60% of the cost of the entire program will not be refunded.
- **Cancellation between the 01 May 2018 and 15 July 2018:**  
80% of the cost of the entire program will not be refunded.
- **Cancellation between the 15 July 2018 and 30 September 2018:**  
90% of the cost of the entire program will not be refunded.
- **Cancellation between the 01 October 2018 and 30 November 2018:**  
100% of the cost of the entire program will not be refunded.

**N.B. In the event of outstanding payments, the learner may be asked to leave program until said fees are paid.**

The parent/guardian/person responsible for the payment of applicant’s fees will be held responsible for all learner fees irrespective of whether you have applied for a bursary, loan or sponsorship.

SIGNATURE:

WITNESS NAME

WITNESS SIGNATURE

**I HEREBY ACCEPT THE FOLLOWING CONDITIONS:**

1. The course is not transferable to other people and cancellations will be conducted as per the Cancellation Procedure.
2. Should I fail to pay the instalments on the due date, my child may be suspended from “Young Lions” until such time as my fees are brought up to date.
3. Should I fail to pay the instalment my account may be debited with the maximum interest allowed under the Limitation and Disclosures of Finance Charges Act No 73 of 1966 or any act replacing it.
4. I agree that in the event of “Young Lions” instructing its attorneys to collect any amount, all legal fees and collecting charges and tracing fees as between attorney and client shall be borne by myself and all payments made shall firstly be allocated towards such fees and charges thereafter to interest and finally to capital.
5. “Young Lions” accepts no responsibility in respect of and will not pay compensation in the event of any personal injuries sustained on the premises, nor loss of personal property.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

SIGNATURE

WITNESS NAME

WITNESS SIGNATURE

**Bank Details for EFT:**

BANK NAME: **FNB**

ACCOUNT NAME: **Church in the City T/A YOUNG LIONS**

BRANCH CODE: **25 25 45** (Kremetart Centre)

ACCOUNT NUMBER: **626 586 625 41**

REF: **Student's Name**

Our PBO No. **930044093**

Our (Non Profit ) Company Reg. No. **2013/011848/08**

**N.B. Please note that the deposit is due at the end of January 2018. Monthly payments are to be made in advance, starting from 1<sup>st</sup> March 2018 until 1<sup>st</sup> November 2018.**

**F. MEDICAL INFORMATION**

Medical Aid Scheme: \_\_\_\_\_

Plan: \_\_\_\_\_

Medical Scheme Number: \_\_\_\_\_

Dependent Code: \_\_\_\_\_

Doctors Name & Telephone No: \_\_\_\_\_

Main Members ID: \_\_\_\_\_ (please attach copy to application)

Current Medication: \_\_\_\_\_

**MEDICAL HISTORY FORM**

1. Rate your current health POOR/FAIR/GOOD/EXCELLENT

2. Any allergies? YES/NO (if YES, specify) \_\_\_\_\_

3. Do you have any physical limitations? YES/NO (if YES, please explain)

\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever suffered from an eating disorder? YES/NO (if YES, please explain)

\_\_\_\_\_

5. Do you have any specific medical dietary requirements? YES/NO (if YES, please explain)

\_\_\_\_\_

6. Do you have any learning disabilities? YES/NO (if YES, please give details) \_\_\_\_\_

\_\_\_\_\_

7. Do you smoke? YES/NO

8. Do you suffer from asthma? YES/NO (if YES, how severe) \_\_\_\_\_

\_\_\_\_\_

9. Do you suffer from epilepsy? YES/NO (if YES, please give details) \_\_\_\_\_

\_\_\_\_\_

10. Do you suffer from any conditions requiring regular medication? YES/NO (if YES, please give details) \_\_\_\_\_

11. Do you suffer from any chronic recurring illnesses? YES/NO

\_\_\_\_\_

12. Do you have any other problems that should be noted (joints, back, knees, etc.) YES/NO \_\_\_\_\_

\_\_\_\_\_

13. Have you ever suffered a nervous breakdown, depression or any other emotional disorder? YES/NO (if YES, please explain) \_\_\_\_\_

\_\_\_\_\_

14. Is there anything else which we need to know about with regards to your health, which has not been asked in the above questions? \_\_\_\_\_

\_\_\_\_\_

15. Have you ever been involved with drugs or been in a rehabilitation centre? YES/NO If so, please specify which drug(s) and when last you used the drug(s). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED AT \_\_\_\_\_ this \_\_\_ day of \_\_\_\_\_

SIGNATURE:

PARENT/GUARDIAN: \_\_\_\_\_ LEARNER: \_\_\_\_\_

## **G. ATTACHMENTS TO EACH APPLICATION**

1. R250.00 non-refundable administration fee is payable. Attach or e-mail proof of payment to: [mediacentre@citc.za.com](mailto:mediacentre@citc.za.com).
2. Certified copy of identity documents of learner, parent/guardian and or person responsible for paying learner fees, if not the parent/guardian) and identity document of the Main Member of the Medical Aid Scheme.
3. Education certificate of highest grade completed.
4. 2 x Confidential Letters of Reference and one Testimonial.
5. N.B. Please tell us how or where you heard about "Young Lions".

\_\_\_\_\_

**COMPLETED APPLICATION & RELEVANT DOCUMENTS CAN BE SEND TO:**

1. E-mail: [mediacentre@citc.za.com](mailto:mediacentre@citc.za.com)
2. Postal Address: P.O. BOX 1962 BRITS 0250
3. Enquiries: 084 342 4351 / 072 270 4036

ALL ORIGINAL DOCUMENTS ARE REQUIRED ON OPENING DAY: 01/02/2018

**H. UNDERTAKING BY THE PARENT/GUARDIAN/LEARNER**

- I declare that I/ my son/daughter has filled in the form and that the details are correct.
- I, the undersigned declare that I will be liable for the prompt payment of fees to “Young Lions” as determined by the Management of “Young Lions”. I shall send my deposit slip with regard to the required monies paid in order for “Young Lions” to validate my registration.
- I understand that “Young Lions” has the right to cancel my registration at any time should it emerge that the information I have supplied is incorrect or false.
- I undertake to pay any cost with regard to tracing and lawyer fees or an attorney and private client scale, should “Young Lions” have to enter into legal proceedings, if I fail to make payments on or before stipulated dates.
- I grant “Young Lions” the right to claim outstanding amounts from my employer by way of salary deduction, should I fail to make payments by the stipulated dates.
- I understand that this undertaking signed by me refers specifically to my own / my child’s application for admission to “Young Lions”.

SIGNED AT \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_

SIGNATURE:

PARENT/GUARDIAN: \_\_\_\_\_ LEARNER: \_\_\_\_\_

NAME: (please print): \_\_\_\_\_ NAME: (please print): \_\_\_\_\_

IDENTITY NUMBER: \_\_\_\_\_ IDENTITY NUMBER: \_\_\_\_\_



## **DEED OF CONSENT, INDEMNITY AND ACCEPTANCE OF LIABILITY**

### **To be completed by applicant (learner)**

I, \_\_\_\_\_ the undersigned do hereby state:

1. I confirm that I have full legal capacity to conclude this agreement and to bind myself to the terms and conditions thereof.
2. I attach hereto a certified copy of my Identity Document.
3. I confirm that I have contracted for enrolment for the period \_\_\_\_\_ with “Young Lions”, South Africa which is owned and run by Church in the City NPC - Brits and that for the period aforesaid I will be a resident and under the supervision and control of the managing directors or their duly authorized representatives (referred to collectively hereinafter as “The Directors”).
4. I hereby authorize the Directors for the entire period that I will be under supervision / control of the directors to:
  - 4.1 act as my authorized agent, as guardian.
  - 4.2 sign any documentation on my behalf relating to me as the minor child, whether signature of such documentation is required in respect of any medical operation, treatment or for any other purpose that may be necessary; and
  - 4.3 generally, do whatever may be necessary in the interest of myself on behalf of my parents or legal guardian
5. I acknowledge that I am fully aware that I may suffer injury or death whilst engaging in some of the activities, which I will participate in during the period of my enrolment or whilst travelling in transport provided by Church in the City NPC - Brits and / or Directors whether as a result of error of and having full knowledge and effect and knowing and understanding fully what I am doing and realizing that any one or more of the persons referred to above may prove to have been careless and/or not sufficiently skilful or competent:

I hereby indemnify and hold harmless:

Church in the City NPC - Brits , the Directors, their Servants and Agents, both in their private capacities and as their representatives, jointly and severally against any claims for damages and any claims by myself and /or by my estate and /or by my dependents in respect of or in connection with any injury whatsoever to myself or my death arising out of or in connection with any activities in which I participate under the auspices of Church in the City NPC - Brits and I hereby acknowledge that I engage in such activities solely at my own risk and upon my own responsibility and that I freely and voluntarily accept fully the risk to myself and my dependents.

6. I hereby consent to participate in all official curriculums, activities offered by “Young Lions” and I confirm that I will do so at my own risk.
7. By my signature to the agreement I accept these terms and conditions and confirm that I understand the contents thereof.

Signed at \_\_\_\_\_ this \_\_\_ day of \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

AS WITNESSES: 1. \_\_\_\_\_

2. \_\_\_\_\_

### **DEED OF CONSENT, INDEMNITY AND ACCEPTANCE OF LIABILITY**

**(To be completed by the guardian/parent)**

I, \_\_\_\_\_ the undersigned,  
do hereby state:

1. I am the Father/Mother and/or guardian of, \_\_\_\_\_  
born on \_\_\_\_\_.
2. I attach hereto certified copies of my Identity Document and my son / daughter identity document.
3. I confirm that my son/daughter has enrolled for the period \_\_\_\_\_ with “Young Lions”, South Africa which is owned and run by Church in the City NPC - Brits and that for the period aforesaid my son/daughter will be under the control supervision and control of the managing directors or their duly authorized representatives (referred to collectively hereinafter as “The Directors”).
4. I hereby authorized the Directors for the entire period that my child will be under supervision / control of the directors to:
  - 4.1. act as my authorized agent, as guardian.
  - 4.2. sign any documentation on my behalf relating to the minor child, whether signature of such documentation is required in respect of any medical operation, treatment or for any other purpose that may be necessary; and
  - 4.3. generally, do whatever may be necessary in the interest of my child on my behalf.
5. I acknowledge that I am fully aware that my child may suffer injury or death whilst engaging in some of the activities, which I will participate in during the period of my enrolment or whilst travelling in transport provided by Church in the City NPC - Brits and / or Directors whether as a result of error of and having full knowledge and effect and knowing and understanding fully what I am doing and realizing that any one or more of the persons referred to above may prove to have been careless and/or not sufficiently skilful or competent:

6. I acknowledge and agree that a certificate signed by any of the directors shall be sufficient and prima facie proof of any expenses incurred in respect of my child.
7. I further indemnify and hold harmless that Church in the City NPC - Brits and the Directors both in their private capacities and as representatives in respect of any claim that may be brought against them arising out of any decisions made by them on behalf and in respect of my child in terms of this agreement. I accept liability for any accounts and expenses which they may incur relating to my child. I undertake to pay such accounts and expenses on demand. I hereby consent to my child participating in such activities at his/her own risk.
8. By my signature to the agreement I accept these terms and conditions and confirm that I understand the contents therein.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

AS WITNESSES: 1. \_\_\_\_\_

2. \_\_\_\_\_

## **CONFIDENTIAL LETTER OF REFERENCE**

(To be completed by Teacher, Pastor)

NAME OF APPLICANT: \_\_\_\_\_

NAME OF REFEREE: \_\_\_\_\_

CONTACT NUMBER OF REFEREE: Cell No: \_\_\_\_\_

Work No: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

IN WHAT CAPACITY, HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

THE REFEREE SHOULD KNOW THE APPLICANT WELL ENOUGH TO COMPLETE THE FOLLOWING: (Please indicate with an X)

### **INTELLIGENCE**

- \_\_\_\_\_ Exceptional
- \_\_\_\_\_ Has a good mind
- \_\_\_\_\_ Average mental ability
- \_\_\_\_\_ Learns and think slowly

### **LEADERSHIP**

- \_\_\_\_\_ Unusual ability to lead
- \_\_\_\_\_ Has some leadership promise
- \_\_\_\_\_ Tries, but lacks ability
- \_\_\_\_\_ Makes, no effort to lead

### **ACHIEVEMENT**

- \_\_\_\_\_ Superior creative ability
- \_\_\_\_\_ Meets average expectations
- \_\_\_\_\_ Does only what is assigned
- \_\_\_\_\_ Starts, but does not finish

### **TEAMWORK**

- \_\_\_\_\_ Works well with others
- \_\_\_\_\_ Usually cooperative
- \_\_\_\_\_ Insist on having his/her own way
- \_\_\_\_\_ Frequently causes friction

### **SOCIABILITY**

- \_\_\_\_\_ Well-liked by others
- \_\_\_\_\_ Liked by others
- \_\_\_\_\_ Tolerated by others
- \_\_\_\_\_ Avoided by others

### **PHYSICAL CONDITION**

- \_\_\_\_\_ Good health
- \_\_\_\_\_ Fairly healthy
- \_\_\_\_\_ Somewhat below par
- \_\_\_\_\_ Frequently incapacitated

**PERSONAL QUALITIES**

Listed below are some personal qualities. Please use the numbers to rate the applicant:

**1 = weak      2 = developing      3 = average      4 = mature      5 = strong**

- |   |                                    |
|---|------------------------------------|
| _____ Self-Confidence                             | _____ Respect for others           |
| _____ Emotional stability                         | _____ Ability to make decisions    |
| _____ Ability to deal with interpersonal problems | _____ Ability to receive criticism |
| _____ Relationships with others                   | _____ Ability to motivate others   |

Please describe any physical limitations the applicant may have, has the applicant had psychiatric treatment? Please comment:

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Please comment briefly on the family and social background of the applicant:

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To your knowledge, has the applicant ever been arrested for any offence including minor traffic violations?

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Would you recommend the applicant for acceptance to the “Young Lions” programme, please comment below:

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SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_