



2019 APPLICATION FORM

FEBRUARY to NOVEMBER

P.O. Box 1962, BRITS, 0250
Contact: **064 182 0213 / 071 200 0940**
E-mail: apply@younglions.co.za
Website: 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: _____

CELLNo: _____

B. PRELIMINARY REPORT OF PROSPECTIVE LEARNER

NAME OF SCHOOL ATTENDED or ATTENDING AT PRESENT:

HIGHEST GRADE PASSED: _____ SCHOOLCONTACT 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 **R74, 000.00** for the year.
2. A deposit of **R15, 000.00** (Which excludes the **R300.00** non-refundable administration fee) is payable prior to registration.
3. The remaining amount of **R59, 000.00** is payable in monthly instalments payment of **R6, 556.00** (per month over a period of 9 months).
4. Full fees must be settled by ^{1st} November 2019 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 ^{1st} March up until ^{1st} 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
SIGNATURE

WITNESS

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 300.00 administration fee is non-refundable.**
- **Cancellation between the 01 January 2019 and 31 January 2019:**
(The deposit of R15, 000-00 will not be refunded, if already paid).
- **Cancellation between the 01 February 2019 and 30 April 2019:**
60% of the cost of the entire program will not be refunded.
- **Cancellation between the 01 May 2019 and 15 July 2019:**
80% of the cost of the entire program will not be refunded.
- **Cancellation between the 15 July 2019 and 30 September 2019:**
90% of the cost of the entire program will not be refunded.
- **Cancellation between the 01 October 2019 and 30 November 2019:**
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
SIGNATURE

WITNESS

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**

BRANCHCODE: **252545** (Kremetart Centre)

ACCOUNT NUMBER: **626586 62541**

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 2019. Monthly payments are to be made in advance, starting from 1st March 2019 until 1st November 2019.

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.
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
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:

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

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

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

SIGNATURE: _____

DATE: _____