



APPLICATION FORM

Application and/or Registration Information

(For office use only) Student Number

Course Code

For which course/certificate programme are you enrolling?

Course Date

When do you wish to commence study?

Year

Month

Day

Have you applied to and/or been registered at APS before?

Yes

No

If yes, please provide your student number

Are you currently or previously been a staff member?

Yes

No

If yes, please provide your staff number

Personal details

Surname/Last name

First name/s

Middle/Other name

(the name your friends and family use or the name you prefer to be called)

Marital status

single

married

divorced

widow/er

Title

Mr

Miss

Ms

Mrs

Other

Date of birth

Day

Month

Year

Gender Male

Female

Citizenship Details

South African citizen?

Yes

No

South African ID no.

(Submit a certified copy of South African Identity Document)

If No, are you a South African Permanent resident? Yes

If

No

Yes, Permit number and date obtained:

Submit certified copies of Permanent Residence Certificate and Permanent Residence Visa)

If not a South African resident, please state nationality

Passport no.

Date of issue of passport

Day

Month

Year

Expiry date

Da

y

Mont

Year

Classification of VISA

Expiry date

Da

y

Mont

Year

*PLEASE NOTE: Students need to have a certified copy of their Passport and Visa when registering for a short course.

Religion

Contact details

Home Tel Fax Cell

Email

Work Tel Fax

Email

Residential address

Postal code Postal address

Postal code

Next- of-kin details

Surname/Last name First name/s

Middle/Other name Marital status single married divorced widow/er
(the name your friends and family use or the name you prefer to be called)

Title Mr Miss Ms Mrs Other Gender Male Female

South African ID no.

Relationship to applicant

Home Tel Fax Email Cell

Residential Address

Postal Code

How did you hear about Alerts Professional Services?

Newspaper Family/Friend Internet Magazine Social media Other – please specify

Please specify which one

Please specify which one

Promotion code

Referred by

Details of person/company responsible for payment

Company Name

Name and Surname

Position

Contact details: Tel Fax Cell

Email

Contact person

Physical address

Postal code

Postal address

Postal code

Payment details

Once you have been accepted to register for the course, you will receive further details and instructions regarding the required fee payment on an official Tax Invoice.

Proof of payment must be emailed 2 weeks prior to commencement date of the course to GervaseM@alertsprofessionalservices.co.za.

Should a direct deposit and/or electronic transfer be made, please provide proof of payment by quoting "Your ID/Passport number" as a reference.

Declaration

Ihereby certify that the information provided above is accurate and complete in all respects and agree to be bound by it. I agree to abide by all policies, rules, regulations and procedures of APS School of Accounting.

I confirm that I, *the student and/or sponsor*, have provided accurate information and comply with being a student at APS School of Accounting.

I confirm that, I have read and understood the terms and conditions and the legal declaration of indemnity and undertaking. I hereby give consent to the processing of my personal information for the purposes pertaining to my application and/or registration at APS School of Accounting.

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Signature of student

.....
Signature of the sponsor

.....
Date

.....
Date

