

## R100 Admission fee

Please complete ALL sections of the following form clearly and accurately using CAPITAL LETTERS. If information is missing from your form, or we cannot read some of the sections we may not be able to process your application. Please tick boxes where appropriate. If you have any queries about completing this form, please contact one of our student advisors on 081 707 7588 or E-mail: info@bkfarmersacademy.co.za

**Banking Details**

**Bank:** FNB  
**Account Holder:** Bokamoso Global Solutions  
**Account No. :** 62729674227  
**Type of Account:** Business Cheque Account  
**Branch Code:** 250016  
**SWIFT Code:** FIRNZAJJ

## 1 Personal Details You must ensure all sections are completed accurately

Title	Name(s)		Date of Birth DD MM YYYY		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname			Gender mark with an (x)	<input type="checkbox"/> M	<input type="checkbox"/> M	Home Language mark with an (x)				
Name as written on ID/Passport										
Nationality				ID/Passport Number						
Passport Expiry DD MM YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country of Passport Held	Country of Birth
Home Address Street & Number				Correspondence Address*						
City or Town				City or Town						
Postcode				Postcode						
Country				Country						
Home Telephone				Mobile Telephone						
Email				Skype ID						

\* Only supply correspondence address if different from home address

## 2 Parent/Guardian or Sponsor Details You must provide contact details in the event of an emergency

Title	Family Name	First Name(s)
Relationship to Student	Home Address	
City or Town	Postcode	Country
Home Telephone	Mobile Telephone	
Email		

## 3 Course Details Please select your intended programme and entry stage

Do you have special needs that we should be aware of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please describe such needs	State your Job title/Position
Which course are you enrolling for?	State Course name and Level			Start Date
Driver instructions	Dates			
Briefly explain				

For Office use only

Reference No: 

## 4. Employment History To be completed by Learners / students / students who are currently employed

Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes Please provide the following	Employer or Company name
Type of employment mark with an (x)	<input type="checkbox"/> Permanent Employee	<input type="checkbox"/> Contract Employee	<input type="checkbox"/> Part-time Employee	<input type="checkbox"/> Cashual Employee
Duration of employment or Start date				Dates
State your Job title/Position				
Were you previously employed mark with an (x)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes Please provide the following	Employer or Company name

## 5. Education History Please provide recent education history in your home country and in the UK (if applicable)

Name of Institution	Start Date	End Date	Qualification Granted	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 6. Learner Educational Details Please provide evidence of your most recent Secure English Language Test (SELT)

Highest Grade Passed	<input type="text"/>	Name of School which you have attended	School/College Name
Have you attended Tertiary Institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Please provide the following Name of Institution
Did you complete the studies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year started Dates
			Year completed Dates
Study Method mark with an (x)	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Highest Tertiary Qualification if you have completed Qualification name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 7. Payment of Tuition Fees Please state how you will be funding your studies

Myself mark with an (x)	<input type="checkbox"/>	Parents mark with an (x)	<input type="checkbox"/>	Sponsor Details
Sponsor Telephone	<input type="text"/>	Sponsor Mobile	<input type="text"/>	
Sponsor Email	<input type="text"/>			

If you are a Sponsored Student, you must provide documentation on signed and stamped letter headed paper from your Sponsor.

## 8. Accommodation

Do you require us to provide accommodation during your studies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## 9. Insurance Insurance will automatically be added to your invoice unless you provide proof of alternative adequate cover

Do you require insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If No, you must provide proof of alternative adequate cover when you confirm your offer.

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Reference No: 

## 10 Additional Information

000 I have a disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	070 I have an unseen disability (Diabetes, epilepsy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
010 I have dyslexia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	080 I have two or more of the above difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No
020 I am blind/partially sighted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	090 Other (please specify)		
030 I am deaf/have a hearing impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<div style="border: 1px solid black; height: 100px;"></div>		
040 I am a wheelchair user/have mobility difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
I have a criminal conviction	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

You must declare if you have a relevant criminal conviction, including violence or drug dealing. If you tick the yes box, University of Greenwich will contact you for further information. If you do not declare a relevant criminal conviction, and it comes to light either later in the application process, or when enrolled as a student that you have a relevant criminal conviction, your application/student status will be reviewed and your place may be withdrawn.

## 11 Students under the age of 18

International students under the age of 18 must provide Bokamoso Global Solutions with details of a RSA based guardian who will act in loco parentis throughout the duration of the student's study. In the event the student does not have a RSA based guardian, please ask Bokamoso Global Solutions for further details on how to acquire this. If parents are making their own arrangements for either guardianship services, or if a friend or family member in RSA is to act as guardian to the student, please provide the following details on the right.

Signed  
(Parent/Guardian)

Date Signed  
DD MM YYYY

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Full Names		Surname(s)	
Home Address			
City or Town			
Postcode		Country	
Home Telephone		Mobile Telephone	
Email			

## 12. Indemnity And Declaration Of Fitness

I	Full Names and Surname	
With an ID/Passport No.	ID/Passport Number	
<p>Hereby Indemnify And Hold Bokamoso Global Solutions, Its Employees/ Representatives harmless Against Any Direct/indirectand/or Consequentialdamages Or Losses Suffered By/claims, Actions,or Proceedings, Judgement,awards,or Other Liabilities Incurred Of Whatsoever Nature By Me Arising From Or Incidental To Any Training Services Rendered By Bokamoso Global Solutions, Including Loss Of Life.</p> <p>I Also Declare That He/ I Am In Good Health And Medically Fit To Undergo This Training Session And Do Not Suffer From The Following Conditions:</p> <ol style="list-style-type: none"> <li>1. Uncontrolled Epilepsy.</li> <li>2. Liability To Sudden Attacks Of Disabling Giddiness Of Fainting Due To Hypertension Or Any Other Cause.</li> <li>3. Any Form Of Mental Disorder Or Defect Referred To In Section 2 (1) And Classified In Section 3 Of The Mental Disorder Act 38 Of 1916).</li> <li>4. Addiction To Narcotic Drugs And/or Addiction To Excessive Use Of Intoxicating Liquor.</li> <li>5. Any Condition Causing Poor Muscular Coordination.</li> <li>6. Any Other Disease Or Disability Including Vision, Which Is Likely To Render Him/her Incapable Of Effectively Operating Lifting Machinery/equipment.</li> <li>7. Vision Deficiencies Or Impairment.</li> <li>8. Thrombosis</li> <li>9. Cardiovascular Neuromuscular Diseases.</li> <li>10. Artificial Limbs.</li> <li>11. Respiratory Dysfunction.</li> <li>12. Arrhythmias</li> </ol>		
		Signed (Learner/Student Names)
Date Signed DD MM YYYY		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Signed (Employer Rep Names)
Date Signed DD MM YYYY		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Signed (Witness 1)
Date Signed DD MM YYYY		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Signed (Witness 2)
Date Signed DD MM YYYY		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 13 Application Checklist I confirm that I have

Completed an accurate application form	<input type="checkbox"/>	Enclosed full and certified Qualifications or transcripts of my most recent and relevant qualifications	<input type="checkbox"/>	Enclosed proof of an alternative insurance policy (if applicable)	<input type="checkbox"/>
Enclosed a copy of my ID/Passport	<input type="checkbox"/>	Special needs/Disability declaration documents	<input type="checkbox"/>		<input type="checkbox"/>