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**SHORT LEARNING PROGRAMME**

**APPLICATION FORM**

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| Name of Short Learning Programme: |

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| Were you previously a student at the former UPE | PE Tech | NMMU | Vista PE |
| Previous Student Number: |

YES NO

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| **PERSONAL DETAILS** |
| Title: Mr Miss Mrs Ms |
| Surname: |
| Full First Names: |
| ID / Passport no: Date of birth: |
| Race group (for statistical reporting): Black White Coloured Indian Asian |
| Gender: Male Female |
| Marital Status: Single Married Divorced Widowed |
| Home Language: |
| School Leaving Date (month & year): |
| Current activity (working/student, etc.): |

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| **CONTACT DETAILS** |
| Postal Address:  Code: |
| Cell number: |
| Work number: Home number: |
| Email address: |

\*PLEASE COMPLETE THE SECTION BELOW IF YOUR COMPANY IS LIABLE FOR PAYMENT.

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| **COMPANY DETAILS** |
| Company Name: |
| Company Address:  Code: |
| VAT registration number or Purchase Order: |
| Contact person in Finance Department: |
| Tel. number: Fax number: |
| Email address: |

**NOTE:** Irrespective of who is sponsoring you, ultimately you remain responsible for settlement.

**CURRENT & EX-NMMU STUDENTS APPLYING FOR THIS COURSE MUST ENSURE THAT THEIR NMMU STUDENT ACCOUNT IS SETTLED BEFORE ENROLLING FOR THIS SHORT COURSE.**

**In order for this application to be considered, please include:**

Clear copy of ID | Proof of payment | Purchase Order | Company official letter confirming payment

**Banking Details:**

Account Name: Nelson Mandela University | STANDARD BANK Port Elizabeth | Branch Code: 050417 | Account No: 080263011| Current Account | Reference: **3264**+ delegate’s surname

**Please complete and send via email to**: Mrs Josie Coetzee Email: joanne.coetzee@mandela.ac.za

*The Protection of Personal Information Act, 2013 (POPI Act) has been promulgated and implemented on 1 July 2020. All personal identifiable information provided by you shall be treated in accordance with this statute and only used for academic and academic administration purposes, as indicated in the University Privacy Policy. I hereby provide consent of all my personal identifiable information provided to the University for the aforesaid purposes.*

**Date: ……………………………………………. Signature……………………………………**