

Year for which you are applying: _____

Student Number - For Office Use:
(If Applicable, please enter previous Student Number issued by Rainbow)

Campus

BLOEMFONTEIN
FreeState

ROODEPOORT
Johannesburg

+27-68-490-2284

ivystonetraining.co.za

admissions@ivystonetraining.co.z

Please complete the application form below in full, initial each page, and return it to Rainbow before 10 February. Thereafter it is regarded as a late application and a late application fee will apply.

1. APPLICANTS DETAILS

Surname: _____

Title (i.e. Mr/Mrs): _____

First Names: _____

Race: A W I C

ID Number: _____

Other: _____
(required for statistical purposes by the DOE)

Residential Address (Street): _____

Gender: Male Female

Postal Code: _____

Postal Address: _____
(if different) _____

Postal Code: _____

Tel (H): _____

Tel (W): _____

Cell: _____

Fax: _____

E-mail: _____

Do you suffer from any disabilities or medical conditions that may adversely affect your studies?

Yes No

If yes, please state the nature of the disability or condition:

2. MARKETING

How did you hear about the programme you are applying for at Rainbow?

If Guidance counselor, please provide details:

Name _____

Contact _____

Exhibition Internet (Website)

Newspaper Friends

Family/parents School visit

Posters Guidance counselor

3. COURSES

Course you are applying for And Days/Time Of Study.

4. PARENT/GUARDIAN

Name: _____

Tel (H): _____

Relationship: _____

Tel (W): _____

ID Number: _____

Cell: _____

Residential Address (Street): _____

E-mail: _____

Postal Code: _____

Postal Address: _____
(if different) _____

Postal Code: _____

5. ACADEMIC HISTORY

Highest qualification Attained: _____

Year: _____

Country: _____

Aggregate: _____

If previous qualification, please provide details:

Qualification Description: _____

Institution: _____

Total Credits: _____

Year(s) of study: _____

Completed Y N

Qualification Description: _____

Institution: _____

Total Credits: _____

Year(s) of study: _____

Completed Y N

Qualification Description: _____

Institution: _____

Total Credits: _____

Year(s) of study: _____

Completed Y N

6. DECLARATION (Compulsory)

I, _____ (Full Name), ID/Passport Number: _____, the undersigned, declare that all the particulars supplied by me in this form are true, complete and correct. I accept that incorrect or misleading information could lead to the cancellation of this application.

Applicant:

Signature: _____ Date: ____ / ____ / ____
Witness: _____ Date: ____ / ____ / ____
Parent/Legal guardian: _____ Date: ____ / ____ / ____

This section must be completed by the benefactor, i.e. the person who will be responsible for the payment of all tuition fees.

I, _____ (Full Name), the undersigned, hereby acknowledge myself to be jointly and separately responsible for monies, which the above mentioned applicant may at any stage be owing to Rainbow Fashion Design School (Pty) Ltd in terms of the agreement that he/she concluded with Rainbow Fashion Design School (Pty) Ltd, as set out above, including any change thereto.

Parent/Guardian/Benefactor:

Signature: _____ Date: ____ / ____ / ____
ID Number: _____



Banking Details

FOR EFT / CASH PAYMENTS /INTERNATIONAL TRANSFERS

Account Name: **Ivy stone Holdings**
Bank: **FNB**
Account Type: **Cheque Account**
Branch Code: **230139**
Account Number: **63054949955**
Swift Code: **FIRNZAJJ**