



DAB HEALTH CARE CENTRE

APPLICATION FORM

PERSONAL DETAILS

NAME & SURNAME

ID/PASSPORT NO.

COURSE REGISTERED

YEAR

DURATION: 1 YEAR 6 Months 3 Months Other

STUDENT NUMBER FULL TIME PART TIME

NOTES

ADDRESS

100 PRESIDENT STREET, CNR SMALL STREET, 2ND FLOOR BISMILLA HOUSE
JOHANNESBURG, 2000

TEL: 011 333 9964

Email: info@dabhealth.co.za

Website: www.dabhealth.co.za

A.PERSONAL DETAILS

Title:	<input type="text"/>	Surname:	<input type="text"/>
Name:	<input type="text"/>		
Initials:	<input type="text"/>	Identity Number:	<input type="text"/>
Date of birth:	<input type="text"/>	Marital status:	<input type="text"/>
		Gender (M/F)	<input type="text"/>
Home language:	<input type="text"/>		
Residential address:	<input type="text"/>		
	<input type="text"/>		
Home Tel:	<input type="text"/>	Cell:	<input type="text"/>
Province/country:	<input type="text"/>		
Are you a South African Citizen (Y/N):	<input type="text"/>		
Student permit no:	<input type="text"/>	Expiry date:	<input type="text"/>
Email Address	<input type="text"/>		

B.INFORMATION ABOUT PREVIOUS SCHOOL

Name of school:	<input type="text"/>		
Qualification Obtained:	<input type="text"/>		
Year Obtained:	<input type="text"/>	Examination no:	<input type="text"/>

C. DETAILS OF PARENT, GUARDIAN OR NEXT OF KIN

Title: Surname:

Names:

Initials: ID number:

Home Language:

Residential address:

Home tel: Cell:

D. PERSON RESPONSIBLE FOR PAYMENT OF FEES

WHO IS GOING TO PAY YOUR ACCOUNT

Employer Parent/Gurdian Self

Names of the person responsible payment of your account:

Initials: ID/PASSPORT No:

Residential address:

Postal address:

Home tel: Cell:

Provide/country:

E. WHERE DID YOU HEAR ABOUT US

BILLBOARD DAB HEALTH CARE COLLEGE STUDENT

NEWSPAPER FRIEND/RELATIVE PAMPHLETS

WEBSITE OTHER RADIO

F. PAYMENT METHODS

Note: Registration requirements

- An original ID document or a certified copy of it; copies of matriculation or similar results.
- R500 is required for the administration fee and registration and non-refundable.
- Once the registration form is correctly filled out, the necessary supporting documents are received, and the registration fee is paid, your admission will be taken into consideration.

The college provides two ways to pay, pick an approach that is convenient for you.

CASH

OR

MONTHLY PAYMENT

G. DECLARATION BY ACCOUNT PAYER

I..... (Complete name and last name) hereby acknowledge that I am fully responsible for paying the applicant name's..... Tuition fees in full and that this obligation binds me. I certify that I will pay all stipulated payments in monthly instalments by the third of each month, and I agree to pay applicable fees in full even if the student does not attend lectures, tests, or examinations. I am also aware that Dab health care centre FET College has the right to refuse an applicant the right to write exams until outstanding fees are paid.

Signature of account payer: **Date:**

H. BANK ACCOUNT DETAILS

Electronic Funds transfer (EFT)

Bank Name: Capitec Business

Swift Address: CABLZAJJ

Account Name: Dab Health Care Centre (Pty) Ltd

Account Number: 1051373620

Branch Name: Sandton

Branch Code: 450105

Entity Registration/ID Number: 2012/101455/07

Account Type: Current Account

Use your full name & surname as reference.

I. DECLARATION BY APPLICANT

I.....Declare/acknowledge that:

- a) I will be familiar with all learner rules and regulations (as included in the calendar book, part 1), as well as Dab Health Care Centre policies and procedures pertaining to learners, prior to the day of enrollment.
- b) I shall be dedicated to following all rules, regulations, policies, and procedures that Dab health care centre council or any authorized body may declare or alter from time to time, and that these rules and regulations constitute a part of my agreement, for the duration of my studies.
- c) By submitting this admission application and undertaking with my parent's or legal guardian's full knowledge and consent.
- d) Registration will be immediately canceled if any of the information I've given Dab Health Centre is not truthful or accurate.
- e) Failure to show up for classes, tests, exams, or any other activity does not relieve me of the obligation to pay all applicable costs in full. I am also aware that Dab Health Care Centre maintains the right to deny an applicant access to a schedule or to write until all outstanding payments are paid.
- f) Any registration, study materials, or other payments paid or deposited into the school account will not be refunded, if a student is enrolled for more than one week, they will not be eligible for a refund regardless of whether they decide to leave the school.
- g) If monthly installments are not paid by the third of each month, I will not be allowed to attend any classes.
- h) Interest on past-due sums will accrue at a rate of 5.5% from the due date until the client makes payment.
- i) liabilities/ responsibility for payment of all Dab Health Care Centre's legal costs, including attorneys' fees, client fees, and collection costs, in the event that I fail to uphold any payment obligations.
- j) If a student or company withdraws or cancels from the course at least five working days before the start date, all funds paid will be refunded in full (excluding the registration fee and admission fee). 60% of the cancellation fee will be charged if a student or employer cancels or withdraws from a course at least five working days after it begins (registration fee and admission fee are not refundable).
- k) Despite the fact that dab health care centre has accepted my application, I am aware that enrollment is only acceptable if it meets with the program's requirements.
- l) I will make public any potential legal action against Dab Health and hold the academy harmless from any claim resulting from any of the following: any loss or damage to real property, including any indirect losses resulting from damage to such property; any injury, illness, or death; and any event, incident, or cost or expense associated with legal actions brought in response to the aforementioned accident.

Applicant signature

Date