

Wir wolleddige regisstraste beneddg Ismet die volgendes

- Verkorte registrasievorm
- Volledige regsitrasievorm
- Kopie van ID
- Kleur paspoortfoto (2)
- Bewys van betaling— registrasie fooi

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YOUR PHOTO HERE

2018 Application Form 1st Year

For office use only:

STUDENT NUMBER:

	RMA	110	114																	
Surname												Titl	е							
Full Names Maiden name												Nic	k Na							
Maiden name												IVIC	KIVA	ne						
Identity Number																				
Date of Birth	Υ	Υ	M	M	D	D	-	Age												
Passport Number:									(If Ap	plic	able)								
Gender:	IV	lale					Fe	male	<u> </u>											
Residential Address																				
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Please specify)																				
Marital Status		Sir	ngle		Eı	ngag	ged		Ma	rrie	d		Divor	ced		Wi	dow	'	W	idower
Present/Previous																				
Career																				
Employer																				
Citizenship Place of Birth																				

Title (Mr/Mrs, etc.)			- 11	nitia	13														_	
Surname																			╛	
Telephone Number	(Code	\sqcup						N	uml	ber								(H)	
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Relationship																				
Employer's Name (of the ab	ove)																			
Dependants (in the family)																				
C. CHURCH																				
Church Denomination																				
Senior Pastor/Minister's N	lame																			
How long have you been a	member th	ere?																		
If you had prior Theologica	al Training p	lease									_									
specify																				
D. MEDICAL INFORM	MATION																			
Do you have a Medial Aid?																	Yes		1	Vo
Name of Medical Aid																				
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F. SPIRITUAL LIFE

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low did you reach your decisi	on to apply at Emet Academy	of learning?	
Albet and vary averaged in a re-			
What are you expectations reg	garding the studies?		
i. EDUCATIONAL BACKO	GROUND		
. EDUCATIONAL BACKO	GROUND SECONDARY QUALIFI	CATION:	
		CATION:	
High School Attended		CATION:	
High School Attended Highest Grade Passed		CATION:	
. EDUCATIONAL BACKO High School Attended Highest Grade Passed Year of Completion Extramural Activities		CATION:	
High School Attended Highest Grade Passed Year of Completion		CATION:	
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PLEASE INDICATE YOUR FINANCIAL PLAN FOR YOUR STUDIES WITH AN (X)

1. Full amount will be paid before the end of April 2017	
2. Monthly payments.	

I. PERSONAL

Mark the 10 most important characteristics that describe you (Please mark 1 as strongest and 10 weakest):

Active	Impulsive	Nervous	Perfectionist
Moody	Serious	Quiet	Creative
Pleasant	Timid	Lonely	Value Driven
Hurting	Adaptable	Organised	Submissive
Guilty	Humorous	Loyal	Depressed
Ambitious	Obtrusive	Cheerful	Courageous
Extrovert	Introvert	Calm	Love People
Stubborn	Sensitive	Optimistic	Hard Working
Doubtful	Practical	Warm	Confident
Pessimistic	Confused	Impatient	At Ease
Self -conscious	Competitive	Self-sacrificing	

AGREEMENT

(up	plicant's Full Name and Surname),
ınde	ertake the following:
1.	To obey and support the EMET Academy of learning Code of Conduct, rules and regulations.
2.	To obey the decisions that is made by the leadership of EMET Academy of learning.
3.	To adhere to the full schedule of the Academy's program.
1.	To pay the full fees for the course and accommodation (if applicable), and understand that the Academy has the right to cancel my studies for non-payment of the fees.
5.	I release EMET Academy of learning from any claims of compensation that may arise from my studies or the cancellation thereof.
ô.	I give permission for the necessary treatment in case of a medical emergency.
	I, (a) subject myself to this agreement without any objections OR
	(b) have the unreserved permission and support of my parents/guardian/spouse to meet the requirements of the agreement.
	(Delete a or b, whatever is not applicable
7.	I hereby acknowledge that I fully understand and agree with the contents of the prospectus a
	published on the Emet website @ www.emetgroup.co.za.
Sigi	
	published on the Emet website @ www.emetgroup.co.za. Date following section must only be completed by the parents, if the applicant is younger than is:
Γhe	published on the Emet website @ www.emetgroup.co.za. Date following section must only be completed by the parents, if the applicant is younger than
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	EM24 academy of learning	Full Time Attendance Only 1st Year 2nd Year	3rd Year
Name & Surname:			
EMET Student Nr :			
Address:			
Delivery addres (During Office Hours)			
Name on Certificate			
E-mail:			
Cell nr:			
ID nr:	Please ensure	that all the above information is correct!	Thank you!