

APPLICATION FOR ADMISSION to ATKV POSTMATRIEK

The information provided herein is used to select candidates.
It is therefore in your own interest to complete the form in full.

Please complete in print hand and email to:

Lizette Odendaal

lizetteo@atkv.org.za

Attach ID photos separately as an attachment in JPEG format.
Send the entire document as an attachment to the email address.

PERSONAL DETAILS

Surname: _____

Full names: _____

Nickname: _____

Gender: M F

Identity number: _____

Home language: _____

DOCUMENTS

The following documents must be attached to this application:

- Two testimonials from two responsible people (indicate capacity)
- Grade 11 report
- Latest report (grade 12)
- Identity document of the person responsible for the account
- Proof of residential address of the person responsible for the account
- ID photos of the student in colour and attached in JPEG format
- Administration fee of R200

(This money is not refundable if your application is unsuccessful.)

CONTACT DETAILS

Postal address: _____

Code: _____

Residential address: _____

Code: _____

Home telephone number: _____

Fax number: _____
(If applicable)

Student

Cellphone: _____

Email: _____

Mother

(If applicable)

Surname: _____

Full names: _____

Occupation: _____

Work telephone number: _____

Cellphone number: _____

Email: _____

Father

(if applicable)

Surname: _____

Full names: _____

Occupation: _____

Work telephone number: _____

Cellphone: _____

Email: _____

APPLICANT'S REPORT

School where you matriculated: _____

Year in which you matriculated: _____

School's address: _____

Code: _____

School's telephone number: _____

Name of registration teacher for grade 12 year: _____

Attach a copy of your grade 11 report as well as your most recent report.

ACTIVITIES

Name the activities in which you took part as well as the awards you received.

For example: Member of a sports team, president, prefect, etc.

CULTURAL ACTIVITY	ACHIEVEMENT	YEAR
SPORTS ACTIVITY	ACHIEVEMENT	YEAR

HEALTH

Disabilities:

Allergies:

Chronic medication:

Overview of general health
(describe):

MEDICAL INFORMATION:

Medical aid:

Membership number:

Main member:

Contact person in case of emergency (1):

Number:

Contact person in case of emergency (2):

Number:

REFERENCES (NOT FAMILY)

Reference 1:

Residential address:

Code:

Contact number:
(during office hours)

Reference 2:

Residential address:

Code:

Contact number:
(during office hours)

QUESTIONNAIRE

How many people will attend the opening function (excluding the student)?

What size T-shirt do you wear? _____

Are you interested in buying the adventure equipment through ATKV POST-MATRIEK for R10 500, as per the list of requirements? YES NO

Where did you hear about ATKV POSTMATRIEK?

Is there anything else that we should know?

BANK DETAILS

Bank details for payment of the administration and course fees:

Bank: Absa
Accountholder: ATKV
Account number: 0170166728
Branch code: 632005
Reference: PM + student's name and surname
 e.g. PM Piet Pretorius

Please email all proofs of payment to:

Lizette Odendaal
lizetteo@atkv.org.za

QUESTIONNAIRE

I, (full names and surname) _____

Identity number _____

hereby declare that this form was completed by my child and that the information provided is correct.

Applicant's full names and surname: _____

I further declare that:

- 1 I, the undersigned, am responsible for the payment of the costs associated with the training during the ATKV POSTMATRIEK YEAR. These costs will be paid timeously and according to the separate agreement entered into once the student is accepted to the ATKV POSTMATRIEK YEAR. Proof of all payments by the undersigned will be sent to the organisers of the ATKV POSTMATRIEK YEAR per email or fax.
2. I understand that the organisers of the ATKV POSTMATRIEK YEAR can suspend the registration/acceptance if the information provided in this application form is not correct.
3. I understand that I will be responsible for any legal costs that may follow if the organisers of the ATKV POSTMATRIEK YEAR have to proceed with legal action if the payment agreement is not followed.
- 4 I understand that this agreement is only applicable to my child's application for acceptance into the ATKV POSTMATRIEK YEAR.
5. I am aware that the following documents need to be completed after my child has been accepted: An undertaking regarding the fulfilment of financial obligations toward the ATKV that has to be signed by my child and myself before my child can be accepted to the ATKV POSTMATRIEK YEAR.
6. I understand that the programme will only take place if we receive the minimum amount of applications.
7. I acknowledge that space is limited and that the completion of this form is only an application and that it does not guarantee my child entry into the programme, and that late applications will be added to a waiting list.

SIGNED ON _____ ON THIS _____ DAY OF
_____ 2021.

PARENT/GUARDIAN:

Signature

APPLICANT:

Signature

ATKV DISCLAIMER

- 1 I, the undersigned, _____
(full names and surname), parent/guardian of _____
hereafter the PARTICIPANT, understand completely and accept that my child undertakes
the ATKV POSTMATRIEK YEAR and all official activities of the ATKV POSTMATRIEK YEAR at
his/her own and total risk.

ATKV POSTMATRIEK YEAR

2. I understand that the ATKV's staff, as well as other parties involved, will take all necessary
precautions to ensure the safety and wellbeing of my child, and, despite the above, I per-
sonally and on behalf of my executors declare that the ATKV or any person employed by
the ATKV or by any other parties involved in the ATKV POSTMATRIEK are hereby indemni-
fied and released and are not accountable to myself and/or any of my dependents for any
and all claims, damage or loss of any nature whatsoever that may occur in relation to any
loss of or damage to my child's person or any of his/her belongings, resulting from which-
ever cause during the abovementioned tour or field trip.
3. Without prejudice to the above, I hereby personally and on behalf of my executors, heirs
and dependents indemnify the ATKV and any person employed by the ATKV and other
parties involved against any of the disadvantages mentioned in no. 2, arising from the
transportation or other activities of my child during any of the activities mentioned in no. 1
and 2.
4. The terms hereof are valid and enforceable for the full duration of the ATKV POSTMATRIEK
YEAR.
5. I hereby declare that the information in terms of the medical details is correct and I con-
sent that medical treatment should be given to my child, if necessary, and I accept re-
sponsibility for the associated costs.

SIGNED ON _____ ON THIS _____ DAY OF
_____ 2021.

Signature of indemnitor/legal parent/guardian