



MADZIVHANDILA COLLEGE OF AGRICULTURE

APPLICATION TO A SHORT-COURSE

COMPLETE AND RETURN TO:

**THE PRINCIPAL
MADZIVHANDILA COLLEGE OF AGRICULTURE
PRIVATE BAG X5024
THOHOYANDOU
0950**

TELEPHONE NUMBER: 015 962 7200

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LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF AGRICULTURE

APPLICATION TO A SHORT-COURSE 2014/15

**IMPORTANT: APPLICANT MUST COMPLETE THIS FORM ONLY IN BLACK OR BLUE INK
PLEASE PRINT IN CAPITAL LETTERS, MARK WITH "X" WHERE APPLICABLE**

A. APPLICANT PERSONAL DETAILS															
1. Surname											2. Title				
3. First Names															
4. Gender (Mark with X)	Male					Female									
5. Date of Birth						6. ID Number									
7. Postal Address															
8. Residential Address															
9. Telephone Number (Home or Work)															
10. Cell-phone Number (If any)															
11. Citizenship (Provide study permit if from foreign country)															
12. Home Language															
13. Other Languages															
14. Highest Education Grade/Std or Qualification obtained (Provide proof only if course applied for is an accredited one)															
15. Any Disabilities (e.g. blindness, deafness etc.)															

B. ABOUT APPLICANT'S FARM/PROJECT										
1. Name of Farm/ Project										
2. Applicant's Position on the Farm/Project (Mark relevant box with an X)	Owner		Beneficiary		Farm Worker					
3. District where farm/project is situated										
4. Municipality where project is situated										
5. Status of the Farm/Project (Mark relevant box with an X)	Active		Not active							
6. Commodity/ies of Farm/Project										
7. Is the Farm/Project Registered with or Known to the local Extension Officer (Mark with an X)	Yes		No							

C. INFORMATION OF SHORT-COURSE APPLIED FOR																			
1. Title of Short- Course																			
2. Dates of Short-course	From												To						
3. Duration																			
4. Venue of Short-Course																			
5. How did you get to know about the course?																			
6. How will the short-course benefit your farm/project?																			

D. INFORMATION ON FUNDING FOR THE TRAINING ON SHORT-COURSE									
1. Who will finance your training on short-course? (Mark with X)			Self		Donor		Government (only applicable to applicants coming through Local Extension Officer)		
2. If you are funded by a donor, please give details below									
3. Indicate areas you will be paying for below (Mark relevant box/es with an X)									
Tuition		Accommodation		Breakfast		Lunch		Super	All

E. TO BE COMPLETED BY LOCAL EXTENSION OFFICER OF WARD UNDER WHICH APPLICANT'S FARM/PROJECT FALL			
1. Surname of Extension Officer		2. Initials	
3. Name of Ward (the officer is serving)			
4. District	5. Municipality		
6. Statement of acknowledgement of applicant and farm/project by Extension Officer			
I _____ as a local extension officer acknowledge that the applicant and the farm/project where the applicant is working is under my service. I also recommend that the short-course will benefit the applicant and the farm/project			
Signature:		Date:	

F. DECLARATION & INDEMNITY BY APPLICANT
<p>DECLARATION:</p> <p>I _____ declare that all the information provided above is complete and correct to the best of my knowledge. I understand that if my application is successful, I will make myself available for the short-course, and undertake to attend all classes without failing.</p> <p>INDEMNITY:</p> <p>I _____ declare that should I, during the period of attending a course at Madzivhavhandila College, sustain bodily injury, loss of life or suffer any damage to my property as a result of transportation, interacting with animals, working with implements, interacting with other trainees or any incident under any circumstances, Whether that injury, loss of life or damage to property is due to negligence, failure or incompetence on the part of any college employee;</p> <p>I do hereby INDEMNIFY the college or any of its employees from any claim of damage whatsoever (including legal costs and/or medical costs etc.)</p> <p>Signature: Date:</p>

FOR OFFICE USE ONLY	
The application has been APPROVED / NOT APPROVED	
COMMENTS:	
.....	
SIGNATURE: MANAGER: MADZIVHANDILA COLLEGE	DATE