

Student number

For office use only

## Distance Learning Enrolment Contract 2018

Once you have completed the Application Form and paid the R400 non-refundable application fee and your application has been provisionally accepted, the next step is to complete the Enrolment Contract. Please submit the following with this Enrolment Contract:

1.	A certified copy of the Student's ID or Birth Certificate/Passport	
2.	Certified copies of all Academic Qualifications	
3.	Foreign students must supply a certified copy of their work/study visa	
4.	For Installment payments – a recent salary slip of the account holder	
5.	For Installment payments – 3 months Bank Statements indicating account details	

### SECTION A: STUDENT DETAILS

TITLE – (INDICATE WITH AN X)

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>
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NAME (s)

SURNAME

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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ID OR PASSPORT NUMBER

CITIZEN STATUS (INDICATE WITH AN X)

Dual (SA plus other)	<input type="checkbox"/>	SA	<input type="checkbox"/>
Permanent Resident	<input type="checkbox"/>	Other	<input type="checkbox"/>

PREFERRED NAME

RACE

B	W	I	C	Other	<input type="text"/>
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GENDER (INDICATE WITH AN X)

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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NATIONALITY

FOREIGN STUDENT - DATE OF ENTRY INTO SOUTH AFRICA

D	D	M	M	Y	Y	Y	Y
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HOME LANGUAGE

Other Languages

DETAILS OF DISABILITY (INDICATE WITH AN X)

Slight (even with glasses)	<input type="checkbox"/>	Hearing (even with hearing aid)	<input type="checkbox"/>	Physical (move/stand etc.)	<input type="checkbox"/>
Communication (talk/listen)	<input type="checkbox"/>	Intellectual (Learn)	<input type="checkbox"/>	Emotional (behavioral/psychological)	<input type="checkbox"/>
Multiple	<input type="checkbox"/>	Disabled but unspecified	<input type="checkbox"/>	None	<input type="checkbox"/>
Medication	<input type="checkbox"/>				

PHYSICAL ADDRESS

  
  
  


Code

POSTAL ADDRESS

  
  
  


Code

STUDENT CONTACT DETAILS

Work	<input type="text"/>
Home	<input type="text"/>
Cell	<input type="text"/>
Email	<input type="text"/>

ALTERNATIVE CONTACT DETAILS

Name	<input type="text"/>
Relationship	<input type="text"/>
Work	<input type="text"/>
Home	<input type="text"/>
Cell	<input type="text"/>
Email	<input type="text"/>

Last High School Attended:

Highest Grade Passed:

### SECTION B: COURSE INFORMATION

PLEASE INDICATE THE COURSE YOU HAVE REQUESTED TO ATTEND BY HC VARSITY

Full Time

Part Time

CREDIT AND EXEMPTION – INDICATE THE MODULES YOU HAVE RECEIVED EXEMPTIONS FOR BY THE REGULATORY BODY

Institution	Module	NQF Level	Year Completed

**SECTION C: PAYMENT PLAN**

**Please note:**

*Payment term duration cannot exceed the course duration. Full Settlement Discount is only applicable if full payment is received within the month of registration*

*Foreign students cannot pay course fees over terms. A deposit of 50% is required on registration and the remaining 50% of the fees is to be paid before the course commencement. Cancellation request received once the visa documentation has been sent from HC Varsity will result in a cancellation fee to the value of the deposit paid.*

**PERSON PAYING FOR THE COURSE**

Self                       Company                       Guardian or Parent/Surety

**METHOD OF PAYMENT**

Full Payment                       Monthly Installments

**COURSE FEE**

Full Course Fee	
Other	
<b>Total Due</b>	

**INSTALLMENT PLAN**

Terms (number of months)	
Installment start date	
Installment Amount	

**SPECIAL ARRANGEMENTS**

<b>Comment</b>		
<b>Approved by</b>	<b>Signature</b>	<b>Date</b>
Managing Director		

<b>Payers Name and Surname</b>	<b>Payers Signature</b>	<b>Date</b>
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**SECTION E: PAYERS DETAILS**

**TITLE – (INDICATE WITH AN X)**

Mr       Mrs       Ms

**NAME**

**SURNAME**

**RELATIONSHIP TO STUDENT**

**IDENTITY NUMBER**

**PAYERS PHYSICAL ADDRESS (IF A COMPANY IS THE PAYER- PLEASE INDICATE AS N/A)**

Code

**PAYERS POSTAL ADDRESS (IF A COMPANY PLEASE INDICATE AS N/A)**

Code

**CONTACT DETAILS**

Work	
Cell	
Email	

**COMPANY NAME (IF ACCOUNT IS NOT PAID BY A COMPANY, PLEASE PROVIDE PAYERS COMPANY DETAILS)**

**PAYERS DESIGNATION**

**COMPANY REGISTRATION NUMBER**

**COMPANY PHYSICAL ADDRESS**

Code

**COMPANY POSTAL ADDRESS**

Code

**DATE STARTED AT COMPANY**

Y	Y	Y	Y	M	M	D	D
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**EMPLOYMENT TYPE**

Permanent		Contract	
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if Contract – a copy of the contract must be provided

**PAYMENT RECEIVED**

Monthly		Weekly	
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**COMPANY HR CONTRACT DETAILS**

**TITLE – (INDICATE WITH AN X)**

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>
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**NAME (s)**

**SURNAME**

**COMPANY HR CONTACT DETAILS**

Work
Home
Cell
Email

**ALTERNATIVE COMPANY REPRESENTATIVE CONTACT DETAILS**

Work
Home
Cell
Email

**SECTION F: HC VARSITY BANKING DETAILS**

Account Name	HC Varsity
Bank	First National Bank
Account Number	62534787950
Branch/Universal Code	250655
Swift Code/Address - International	FIRZAJJ
Reference	Name and Surname

**Note:** Proof of payments for EFT or Direct payments must be received by HC Varsity, prior to the Enrolment being processed. The Proof of payments are to be e-mailed to [admin@hcvarsity.co.za](mailto:admin@hcvarsity.co.za) – use your Name and Surname as a reference

**SECTION G PAYMENT: CREDIT VETTING APPROVAL**

**AFFORDABILITY CHECK**

Gross Income	
House Expenses	
Care Expenses	
Food Expenses	
School Expenses	
Other Expenses	
<b>NET Income</b>	

<input type="checkbox"/>	I hereby consent to allow HC Varsity to perform a credit check
<input type="checkbox"/>	I confirm that the information provided by me is true and correct.

I hereby authorise HC Varsity to deduct from the specified account via the banks NAEDO debit order system, the monthly instalment or other amount, if specified, for the chosen course. I understand that HC Varsity has the right to stop the debit order and I will become liable for the continuance of such payments until the account is paid in full. I further understand that HC Varsity has the right to add charges for every returned or unpaid debit order. If my debit order collection method is unsuccessful in two consecutive months, the HC Varsity reserves the right to claim the full course fee outstanding. I understand that if the chosen payment date falls on a Sunday or public holiday the amount may be deducted from my account on the preceding or following bank day. I acknowledge that all payment instructions issued by HC Varsity shall be treated by my above-mentioned bank as if the instructions have been issued by me personally. I agree that although this authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. I also understand that I cannot reclaim amounts that have been withdrawn from my account (paid) in terms of this authority and mandate if such amounts were legally owing to HC Varsity. I acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party. NOTE: The NAEDO and/or EFT User may add or delete (at its own risk) from the above minimum requirements. I acknowledge that if debit orders are not deducted as per my instruction that it will still be my onus to ensure that payment is made to HC Varsity in respect of any outstanding amounts due to HC Varsity. I, the undersigned, hereby authorise HC Varsity to deduct the specified amount from my credit card - details depicted below I hereby authorise HC Varsity to deduct from the above-mentioned account, the monthly or other amount as specified. I understand that if the chosen payment date falls on a Sunday or public holiday, the amount will be deducted from my account on the preceding or following banking day. I also understand that if I do not supply the relevant information or the correct information, I cannot hold HC Varsity responsible for non-payment of my account. I acknowledge that the information provided above is true and correct, and hereby sign this page as proof thereof.

**SIGNED BY ACCOUNT HOLDER/COMPANY REPRESENTATIVE**

_____	_____	_____
<b>Payers Name and Surname</b>	<b>Payers Signature</b>	<b>Date</b>

**SPECIAL CONDITIONS: -**

1. Students are responsible for finding an Exam Centre.
2. HC Varsity has included an exam voucher for each subject in the course fee. The fee however does **not** include the exam Centre cost, which is to be paid directly to the venue.
3. I agree that retake exams are at my own cost. HC Varsity is only responsible for a single exam attempt. If I do not pass, I will need to pay a fee in order to retake that exam. HC Varsity does not provide free "retake exams".
4. HC Varsity has received approval to offer exams for various courses. HC Varsity students will not be charged an exam venue cost in the event they choose to write their exams at HC Varsity situated at 47 Blaauwberg Road, Table View Cape Town. . This is subject to HC Varsity being approved to offer the exams and subject to students attending exam dates as specified by HC Varsity
5. Courses are to be completed within the term as per the course duration indicated at time of enrolment. Request for extensions are subject to the various registration/ accreditation bodies, and may result in additional cost.
6. HC Varsity course fee includes the following support services for Self-Study (Distant) learners
7. ICB Students are to submit assignments directly to the ICB. Courier/postal cost are not included in the course fee, and are for the students account.
8. Students are to submit assignments and attend examination by specified dates, as indicated on the HC Varsity course plan. Late submissions will result in students being required to apply for an extension, which may result in additional cost to the payer of the account.

I acknowledge that I have read, understand and agree to the special conditions specified above

<b>Payers Name and Surname</b>	<b>Payers Signature</b>	<b>Date</b>
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**STUDENT ACKNOWLEDGEMENT**

I, \_\_\_\_\_ the undersigned, accept and acknowledge the following clauses as part of my registration with HC Varsity

1. I UNDERTAKE TO ATTEND ALL MY CLASSES (provided not Self-Study) (Note that HC Varsity students require a minimum of 80% class attendance).
2. I undertake to attend the Induction session conducted by HC Varsity prior to the commencement of the course
3. I agree to write all assessments, including the internal Exam, which will be written during an exam week. The dates will be determined by HC Varsity.
4. I agree that retake exams are at my own cost. HC Varsity is only responsible for a single exam attempt. If I do not pass, I will need to pay a fee in order to retake that exam. HC Varsity does not provide free "retake exams".
5. I undertake to use all the facilities at HC Varsity with care and at my own risk.
6. I indemnify HC Varsity and/or any employees of any liability regarding myself, my family or property in case of damage, theft, injury or death or for any other reason whatsoever.
7. I undertake to immediately notify HC Varsity in writing of any change of details as given on this registration form.
8. I accept the responsibility to ensure that I am enrolled for the correct course, subject and level. The College takes no responsibility for incorrect enrolments.
9. I accept that I may not enter HC Varsity premises under the following conditions:
  - a. In possession of any illegal substances e.g. Drugs, alcohol, glue, spirits etc.
  - b. I may not be under the influence of any illegal substances
  - c. I am not allowed to use any illegal substances
10. I accept that I will adhere to the Student Code of Conduct at all times.
11. I acknowledge that in the event I have elected to register for Self-Study that I understand that the study material I will receive is designed for Face-to-Face training
12. I acknowledge that I will still need to submit Assignments and attend exams as per the Face-to-Face Academic calendar.
13. I agree to complete my course within the Academic year of registering
14. I agree that in the event I wish to attend a face-to face class that I will attend a class according to the HC Varsity Scheduled timetable, and is subject to the approval of the HC Varsity Academic Manager.

**SIGNED BY STUDENT**

<b>Name</b>	<b>Surname</b>	<b>Signature</b>	<b>Date</b>
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**PAYERS ACKNOWLEDGEMENT**

1. Foreign students cannot pay course fees over terms. A deposit of 50% is required on registration and the remaining 50% of the fees is to be paid before the course commencement. In the event the full payment is not received prior to the course commencement the student enrolment will be cancelled and the deposit paid will be forfeited. Please note we are required by law to notify the Department of Home Affairs in the event a student's enrolment is cancelled. This will result in your visa being cancelled. *Cancellation request received once the visa documentation has been sent from HC Varsity will result in a cancellation fee to the value of the deposit paid.*
2. I agree that the Application fee of R400 is non-refundable.
3. The agreed deposit of 50% of the course fee is due within 7 days of receiving notification that the student has met the relevant entrance requirements to attend the course.
4. In the event the students course is due to start within 7 days of receiving notification that the student has met the relevant entrance requirements, the deposit of 50% of the course fee is to be paid prior to the course start date.
5. Installment payments are due by the last day of the month. A late payment fee of R150.00 will be charged to my account if payment is made after the last day of the month (due date). If payment is still not made within 7 days after the due date, a further R150.00 will be charged to my account, and every 7 day's thereafter.
6. If this account is handed over for collection I will be liable for all costs of whatsoever nature, as between attorney and client, including 25% collection commission, tracing costs and any costs that occur in the recovery of monies owed.
7. I agree that students registering for a full qualification will receive the study material in partial batches as per the course plan.
8. I understand that in the event of a cancellation, written notification signed by the account payer must be sent to HC Varsity. NO verbal request will be processed.
9. I understand that the Cancellation request will not be processed if the cancellation is requested by any other party other than the person liable for the payments.
10. The cancellation date will be calculated from the date HC Varsity receives the written request and not from the date indicated on the request.

11. I agree that in the event I request a cancellation of this enrolment after 14 working days and before the commencement of the course then I will be liable to pay 20% of the course value, as indicated on this enrolment contract
12. I agree that in the event I request a cancellation of a registration on a skills programme and/or a course module once the course has started that I will be liable for the full payment 100% of the course, as indicated on this enrolment contract.
13. I agree that in the event I request to cancel a registration for a full qualification within 1 month of the course commencement, or alternatively, within the first 3 months of the start of the course, I will be liable to pay 50% of the course value, as indicated on the enrolment contract signed by the student and myself.
14. I agree that in the event I request to cancel registration for a full qualification after the first 3 months of the course commencement, I will be liable for the full payment 100% of the course, as indicated on the enrolment contract signed by the student and myself
15. I agree that in the event the student is found to have contravened HC Varsity policies and process, resulting in the student being suspended and/or expelled from HC Varsity, that I will be liable for the full value of the course, as indicated on this enrolment contract.
16. The course fee includes (where applicable) exam fees– these fees are non-refundable in the event a student chooses not to participate in the exam.
17. The course fee includes (where applicable) membership fees – these fees are non-refundable
18. I agree that any refunds due will be calculated less any exam fees/registration fees paid on behalf of the student.
19. I agree that in the event a refund is owing to me, the refund will be payable within 30 days of the cancellation being approved.

**SIGNED BY PAYER OF THE ACCOUNT**

Name	Surname	Signature	Date
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