



the
MediaWorkshop
MAKING MEDIA MAKERS

APPLICATION FOR SHORT COURSE STUDY

Student Applicant Name:.....

Course for which you wish to enroll:

- Cinematography and Sound Short Course**
- Editing and Post-Production Short Course**
- Documentary Production Short Course**
- Script to Screen Programme**

.....
Signature of Applicant
(or of legal guardian if applicant is not yet 18 years old)

.....
Date

For Admin use only:

Student is accepted:

Student is not accepted:

Student number:

Section A: STUDENT APPLICANT DETAILS

Title: _____

Surname:

First name:

Initials:

ID number:

Date of birth: Year: Month: Day:

Gender:

Home Language:

Marital status:

Maiden name (if applicable):

South African citizen: Yes No

*Race: Black Indian Coloured White

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EDUCATION QUALIFICATION

Previous/Current Institution:	Year obtained:
Qualification Title (Grd11/GRD12/NC/DIPLOMA/DEGREE):	

NEXT OF KIN

Surname:
First name:
Relationship:
Telephone number(incl.code):
Cell number:

Please initial here

* SA citizens and permanent residents: Please complete. Information required by the Department of Education for statistical purposes.

STUDENT CONTACT DETAILS (in South Africa)

Home telephone number (incl. Code):	
Work telephone number (incl. Code): (if available)	
Cellphone:	
Fax number: (if available)	
Email address: (if available)	

RESIDENTIAL ADDRESS

Street address:	
Suburb:	
City/Town:	
Postal Code:	
Province, Country:	

PREFERRED MEANS OF COMMUNICATION:

- Email
 Telephone
 Mail
 SMS

HOW DID YOU FIND OUT ABOUT US? Word of mouth Website School visit
 Pamphlet/Brochure Career Expo
 Advertisement (please specify)

Check box if you accept:

I hereby declare that I have received, read and understood The Media Workshop's relevant programme information and the schedule of applicable tuition fees which shall apply mutates mutandis to me in my full capacity.

Please initial here

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Section B: ACCOUNT PAYER DETAILS

Title:	
Surname:	
First name:	Initials:
ID number:	
Home telephone number (incl. Code):	
Work telephone number (incl. Code):	
Cellphone:	
Fax number:	
Email address:	

RESIDENTIAL ADDRESS

(in South Africa) (outside South Africa)

Street address:	
Suburb:	
City/Town:	
Postal Code:	
Province, Country:	

POSTAL ADDRESS

Address:	
Suburb:	
City/Town:	
Postal Code:	
Province, Country:	

WORK ADDRESS

Street address:	
Suburb:	
City/Town:	
Postal Code:	
Province, Country:	

Please initial here

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Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of Student Applicant: _____

Date: _____

Signature of Legal Guardian: _____

Date: _____