

# SANCB OPTIMA COLLEGE APPLICATION FORM UNEMPLOYED STUDENTS



Name of Applicant: \_\_\_\_\_

Identity number: \_\_\_\_\_

## SECTION A: - IMPORTANT INFORMATION TO NOTE

1. Incomplete applications forms will not be considered;
2. All students are required to undergo a Competency and Profile Test
3. Closing date for submission of forms is 31 October of each year

## SECTION B: - SUPPORTING DOCUMENTS

Please ensure that the following documents are certified, signed and attached:

1. Medical Report from a GP
2. Detailed Ophthalmologist/Optometrists Report;
3. Certified copy of Identity Document;
4. Certified copies of Educational Qualifications;

## SECTION C: - ACADEMIC PROGRAMME

Please indicate the course that you would like to apply for by making a ✓ in the relevant box.

Name of Course	Duration	Tick
Introduction to Computers L1/2	3 Months	
Call Centre & Support L2	6 Months	
Business Administration L2	6 Months	
Braille Literacy	3 Months	

**NB: Courses will only be facilitated if we have the relevant number of students.**

## SECTION D: - ENRICHMENT PROGRAMME

Please indicate if you will require training in Orientation & Mobility (O&M) and Activities of Daily Living (ADL) skills

Orientation & Mobility (O&M)	
Activities of Daily Living (ADL)	

**NB: The above skills are offered as part of the Enrichment programme to students.**

## SECTION E: - CONTACT INFORMATION

Contact Person: Mika Dowling  
Telephone: 012 452 3811  
Fax: 086 732 1746  
Email: [ocapplications@sancb.org.za](mailto:ocapplications@sancb.org.za)  
Physical Address: 514 White Street. Bailey's Muckleneuk, Pretoria, 0028  
Postal Address: P. O. Box 11149, Hatfield, Pretoria, 0028

**SECTION F: - PERSONAL INFORMATION OF THE APPLICANT**

Title: (Mr/Mrs/Miss) \_\_\_\_\_

Surname: \_\_\_\_\_

Full Names: \_\_\_\_\_

Gender: Male / Female \_\_\_\_\_

Identity Number: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Details: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal code: \_\_\_\_\_ Province: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home language: \_\_\_\_\_

Name of next of kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Details: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**SECTION G: - EDUCATIONAL INFORMATION OF THE APPLICANT**

Last School attended: \_\_\_\_\_

Highest Grade/Standard Passed: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Name of Tertiary institution attended if applicable: \_\_\_\_\_

Course/programme completed: \_\_\_\_\_

Year Completed: \_\_\_\_\_

Learnership/internship completed if applicable: \_\_\_\_\_

Year Completed: \_\_\_\_\_

**SECTION H: COLLEGE FEES**

For more information on the College Fees, refer to the College prospectus.

**FINANCIAL ASSISTANCE**

If you require financial assistance, please complete Section K

**Contact details of Person Responsible for payment of Fees:**

Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Banking Details**

Name of Account: SANCb ILLUMI OPTIMA  
Name of Bank: Standard Bank  
Account Number: 011 270 055  
Branch Name: Arcadia  
Branch Code: 010845  
Reference: Name & Surname & Year

Proof of payment must be faxed to 086 732 1746 or emailed to [ocapplications@sancb.org.za](mailto:ocapplications@sancb.org.za)

**FEE PAYMENT AGREEMENT**

I, \_\_\_\_\_ hereby agree to ensure that payment of my College fees for:

- 1. Registration Fee of R \_\_\_\_\_
- 2. Tuition Fees of R \_\_\_\_\_
- 3. Accommodation Fee of R \_\_\_\_\_

Is paid in one of the following methods:

- 1. A once off payment of R \_\_\_\_\_ **OR**
- 2. A monthly instalment of R \_\_\_\_\_ is paid over 3 months \_\_\_\_\_ or 6 months \_\_\_\_\_

I hereby commit to settle all my outstanding College fees as reflected in my student account before the completion of the course.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION I: - MEDICAL REPORT**

**This SECTION must be completed by a REGISTERED Medical Practitioner  
Please include medical conditions other than visual disability if applicable.**

Name of patient: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

What is the patient's general condition of health?

Furnish particulars of any illness/condition the patient may be suffering from:

Provide details of prescribed treatment/medication for any chronic condition of the patient.

Name of Doctor: \_\_\_\_\_ Practice Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Hospital/Doctor stamp:

**SECTION J: - OPHTHALMOLOGY REPORT**

***This SECTION must be completed by a REGISTERED Ophthalmologist/Optomtrist.***

Name of patient: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prognosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the patient totally blind or partially sighted? \_\_\_\_\_

Date of onset of Blindness: \_\_\_\_\_

If hereditary; please elaborate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Remaining vision:**

**VISUAL ACUITY:**

Without Correction  
 Right Eye: \_\_\_\_\_

With Correction  
 Right Eye: \_\_\_\_\_

Left Eye: \_\_\_\_\_

Left Eye: \_\_\_\_\_

**VISUAL FIELD:**

Left eye: \_\_\_\_\_

Right Eye: \_\_\_\_\_

Photophobia: \_\_\_\_\_

Colour Blindness: \_\_\_\_\_

Night Blindness: \_\_\_\_\_

Is the patient using eye drops/medication, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the patient use any Low Vision Devices? If yes, Please specify

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Further Comments/ Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Ophthalmologist/Optomtrist: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Practice Number: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital / Doctor's Stamp:

## **SECTION K: FINANCIAL ASSISTANCE FORM**

Please read the notes and instructions carefully and ensure that the following documents are attached:

1. Certified copies of your parents ID
2. Proof of parent/s income (payslips)
3. If unemployed, an affidavit confirming this must be attached
4. If collecting a social grant, proof of this must be attached

### **Notes and instructions**

Read these notes carefully before you complete the application form. Make sure that you read every section and that the information you provide is accurate.

1. INCOMPLETE APPLICATION FORMS (forms with missing documents) WILL NOT BE CONSIDERED.
2. Postal applications will be accepted before the closing date if all required documentation is included.
3. SANCB OPTIMA COLLEGE does not take responsibility for undelivered or missing postal applications.
4. Do not send original documents (except for affidavits). Attach certified copies to the application form. Only original affidavits will be accepted.
5. The closing date for applications 31 October of every year.
6. Students who are granted a bursary from another organization/institution are obliged to inform the SANCB OPTIMA office at the Pretoria campus. SANCB Optima College reserve the right to award /withdraw financial assistance if the student receives a full bursary elsewhere.
7. Financial Assistance is granted for the tuition and accommodation fees for the course that you are undertaking.
8. Part-time students will not be considered.
9. Non-South African citizens will not be considered.

### **Please send the following documents along with the application form.**

1. If both parents/guardian is/are working, recent payslips not older than 2 months are required from each parent. If a parent is paid on a weekly basis four consecutive payslips should be submitted. If a parent is paid on a two-weekly basis (fortnightly) 2 consecutive payslips should be submitted.
2. If a parent/guardian is unemployed an affidavit signed by the unemployed parent is required, confirming his/her own unemployment.
3. If a parent/guardian is employed as a domestic worker, a letter from his/her employer is required, stating the period of employment and the monthly salary.
4. If the family/student is sponsored, a signed letter by the sponsor should be submitted, stating the monthly rand value of the sponsorship.

**PERSONAL INFORMATION OF APPLICANT**

- 1.1 Title: \_\_\_\_\_
- 1.2 Surname: \_\_\_\_\_
- 1.3 Full Names: \_\_\_\_\_
- 1.4 Gender: \_\_\_\_\_
- 1.5 Identity Number: \_\_\_\_\_
- 1.6 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 1.7 Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**2. PARENT/GUARDIAN INFORMATION**

- 2.1 Please indicate if it is your Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Guardian: \_\_\_\_\_
- 2.2 Surname: \_\_\_\_\_
- 2.3 Identity Number: \_\_\_\_\_
- 2.4 Physical Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_
- 2.5 Postal Address: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Province: \_\_\_\_\_
- 2.7 Contact Details: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email address: \_\_\_\_\_
- 2.8 Occupation of Father: \_\_\_\_\_
- 2.9 Name of Employer: \_\_\_\_\_
- 2.10 Gross income: \_\_\_\_\_
- 2.11 Occupation of Mother: \_\_\_\_\_
- 2.12 Name of Employer: \_\_\_\_\_
- 2.13 Gross income: \_\_\_\_\_
- 2.14 Occupation of Guardian: \_\_\_\_\_
- 2.15 Name of Employer: \_\_\_\_\_
- 2.16 Gross income: \_\_\_\_\_



**SECTION L: - ACCOMMODATION**

Do you require Hostel Accommodation Yes \_\_\_\_\_ No \_\_\_\_\_

Please note that all applicants who require accommodation are expected to adhere with the rules / conditions as stated in the College's Code of Conduct.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION M: - DECLARATION BY STUDENT**

I, \_\_\_\_\_ hereby declare that I understand and accept the conditions and arrangements as stated in the application form and financial aid forms above, and that the information I have provided is true and correct.

Identity number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION N: - SANCB OPTIMA COLLEGE CODE OF CONDUCT

### **1. Purpose.**

1.1 The Code of Conduct governs the conduct of all the students and the relationships between Optima College and its students.

1.2 The Code of Conduct aims to create an environment in which it is possible for the students to achieve the best possible results.

1.3 The Code of Conduct encourages individuality, initiative, personal responsibility and mutual respect.

1.4 Signed Code of Conduct by a student/parent/guardian and the student is the prerequisite for admission to the College.

### **2. Indemnity.**

2.1 Any student causing loss or damage to the property of which the College is the proprietor shall be liable to reimburse the College for any loss suffered by the College in replacing or repairing such a loss or damage.

2.2 Optima College shall not be responsible for any damages losses or injuries during residence activities or tours.

2.3 First Aid kit for minor treatment is available on campus, Obtaining and taking chronic medication is the student's own responsibility.

### **3. Theft.**

3.1 Theft is a criminal offence. Any student engaged in theft related activities will be expelled from the College with immediate effect. Optima College reserves the right, where an incident of theft is suspected, to open and inspect student rooms, lockers and bags.

3.2 Removal of any Optima College equipment without authorization will be regarded as theft.

### **4. Vandalism**

4.1 Any damage of property belonging to the College and/ or any other person associated with the College is strictly forbidden, including Making any marks or signs on chairs, tables, walls or classroom equipment is forbidden.

### **5. Victimization.**

5.1 Victimization, including but not limited to bullying, fighting, intimidation and any displaying of racism, or religious intolerance, will not be condoned. Sexual harassment is unacceptable.

### **6. Weapons.**

6.1 for the safety of all at Optima College, weapons of any kind may not be allowed. These may be defined as, but not limited to knives of any sort, firearms, and any martial art weaponry.

### **7. Smoking.**

7.1 Smoking is restricted to the demarcated areas. (Optima Gardens). Smoking within the rooms, corridors, classrooms is not allowed.

### **8. Visitation.**

8.1 Visitors are not allowed in the hostel after 21h00. Visitors will not be allowed during and between lecture/facilitation times. Visitors will be allowed to visit after classes and over weekends, but must leave by 21:00pm.

## **9. Substance Abuse.**

9.1 Optima College does not and will not allow the students to consume or use drugs on campus.

9.2 The use, selling, smuggling, of illegal substances including alcohol and drugs, drunken behaviour is forbidden on campus. Any student found to be in possession or under the influence of liquor, or selling alcohol or drugs will be required to leave Optima College with immediate effect. Any student suspected of being under the influence of substances, will be subjected to a test at their own expense.

## **10. Dress and Appearance.**

10.1 Students are not required to wear uniform. But dress and appearance must be appropriate to the culture of learning at Optima College.

10.2 Any clothing, body marking or accessory which communicates a message, weaponry, drug culture, racism, or sexism is not permitted.

## **11. Respect of self and others.**

11.1 While students are welcome to practice/enjoy human rights, they should not interfere with the rights of others. This includes but not limited to the use of appropriate language, actions, high level of noise and etc.

## **12. Disciplinary Procedure**

12.1 The Disciplinary Committee consists of the following persons:

- An independent Chairperson
- Two Optima Staff members
- Two SRC Committee Members.

12.2 The contravention of the Code of Conduct will lead to disciplinary measures which includes;

- First offence constitute a Verbal Warning
- Second offence constitute Written Warning
- Third offence constitutes immediate dismissal from the Hostel.

## **13. General.**

13.1 Littering is unacceptable

13.2 No student may hinder the learning process of other students. Disruption of classroom routine will not be tolerated

13.3 Students are expected to attend classes regularly. Unauthorized absence from classes and College is a serious offence. Continuous absenteeism and late-coming will be addressed by the Hostel supervisor. Eating and drinking in the classrooms is not allowed.

13.4 Cooking in student rooms is prohibited

13.5 Furniture in the student rooms should not be removed without the knowledge of the Hostel Supervisor.

13.6 Optima/ Council's resources should be utilized as economically as possible, lights should be switched off when leaving a room/office. Taps should be closed to ensure there is no dripping.

13.7 in the event of any emergency the Hostel Supervisor or an official on duty should be contacted immediately and appropriate measures be taken.

13.8 Fogging of the rooms for pesticides will be carried out on quarterly basis. All effort is made to fog when the hostel is empty.

13.9 Only students with chronic medical conditions will be allowed to keep electrical appliances such as a mini fridge/microwave oven in their room.

13.10 The Student Exit and Entry Register must be filled in by all students at the security gate when leaving or entering the college.

## **SECTION 0: - SANCB OPTIMA COLLEGE STUDENT AGREEMENT**

All learners enrolled at Optima College shall comply with the rules and regulations as stipulated below:

### **1. SUPPORTING DOCUMENTATION:**

1.1 A learner must submit all relevant supporting documentation before Diagnostic Assessment (i.e. medical report/s, proof of highest academic qualification, I.D. etc.)

### **2. ENQUIRIES:**

2.1 Learners can forward enquiries to reception during tea and lunch breaks and between 15h30 to 16h15.

### **3. TRANSPORT:**

3.1 Transport will be provided to learners on arrival and departure to and from Optima College when using O R Tambo International Airport and Pretoria Bus Station only.

3.2 Transport will be provided to learners on alternate Saturdays from 9am to 12pm to do their grocery shopping.

3.3 Transport will be provided to learners in cases of medical emergencies (hospital / doctor).

### **4. FINANCES:**

4.1 A Registration fee of R500 must be paid on or before arrival.

4.2 Learners must make arrangements by signing a Fee Payment Agreement with the administrator to pay their tuition and accommodation fees monthly if they are not able to pay the required amount upfront in full.

4.3 All outstanding tuition and accommodation fees must be paid **2 weeks prior to completion of training.**

### **5. CELLPHONES:**

5.1 The use of cell phones during training hours is not permitted

### **6. LANGUAGE:**

6.1 The medium of instruction in the classroom is English only.

### **7. USE OF TRAINING CENTRES:**

7.1 Learners are allowed to bring along their own personal computers (laptops) for personal use outside the training centres. Training centres are fully equipped with the necessary training equipment and learners are not permitted to take their computers into the training centres. Personal computers must be recorded on an asset register and **Council will not accept any responsibility or be held liable for any loss / theft of such equipment.**

7.2 No learner will be allowed to use the Internet if it is not in line with the training. It is not permitted to download any files (music, videos etc).

7.3 No eating or drinking within the training centres is permitted.

7.4 Classrooms will be locked daily after training.

### **8. STATIONERY:**

8.1 All learners have to provide their own stationery (e.g. Koki pens, paper, note taking devices, etc).

8.2 All learners must pay if they want to fax or make photo copies. The cost is as follows:

8.2.1 Fax = R 2.00 per page

8.2.2 Photo copies = R1, 00 per page

## **9. TUITION SCHEDULE:**

9.1 Tuition/Class times are as follows:

9.2 Monday – Friday 08h00 -16h00

9.3 Assignments/homework will be given to learners to be completed at their self-managed time from 16h00pm-22h00pm

9.4 Tea time: 10h00 to 10h30

9.5 Lunch time: 13h00 to 14h00

## **10. FORMATIVE AND SUMMATIVE ASSESSMENTS:**

10.1 Training in relation to the respective training programmes, is outcome based and a learner may be deemed Competent or Not Yet Competent during formative and summative assessments.

10.2 The Competence Mark-up for all knowledge assessments is 70%.

10.3 The Competence Mark-up for all performance assessments are 100%.

10.4 In the event of Access Software and Windows keystrokes, the Competence Mark-up is 100%.

10.5 Learners who meet the required outcomes as specified within the given unit standards will be issued with a certificate of competence.

## **11. LEAVE OF ABSENCE:**

11.1. Absence from training due to medical reasons must be supported by a medical certificate from a duly registered Doctor.

11.2 Learners must have permission if they wish to leave the training premises during training hours. (08:00 – 16:00 Monday – Thursday & 08:00 – 13:00 Friday)

11.3 Learners will not be allowed to attend to private affairs during training hours unless in cases of an emergency.

11.4 Training hours are reserved for training only.

11.5 Learners who are absent during the conducting of assessments without justifiable reasons will not receive accreditation for that specific module.

## **12. GENERAL:**

12.1 No shouting, screaming, loud music is allowed in the corridors during official training and working hours.

12.2 The code of conduct must be signed and adhered to by all learners.

12.3 Learners engaged in any studies or learnerships other than the courses enrolled in at this institution will not be accepted.