

THE 2 OCEANS LEADERSHIP INSTITUTE

APPLICATION FOR ADMISSION

45 Ohio Crescent, Primerose Park | Ph No 010 143 7665

Email enquiries@theleadershipinstitute.co.za Web www.theleadershipinstitute.co.za

Ref 2024/11



ADMISSION PROCEDURES AND REQUIRED SUPPORTING DOCUMENTS

- | | |
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| ☐ Copy of Applicant ID Document or Passport | ☐ Signed Conditions of Application |
| ☐ Copy of Applicant last Report or Academic Progress | ☐ Signed General Indemnity (where applicable) |
| ☐ A utility bill stipulating proof of address | ☐ Understanding that acceptance is dependent on the results of a personal interview as well as academic qualifications and availability |
| ☐ Proof of Payment for Application Fee (non-refundable) | |

SECTION A : APPLICANT PERSONAL DETAILS

Surname		Country Residence	
First Names		Citizenship	
Initials		Marital Status	
Date of Birth		Home Language	
ID No		Email Address	
Passport No		Cell No	
Gender		Tel No	
Immigrant	YES NO	Address	
Population Group			
Previous Country			

SECTION B : APPLICANT EDUCATIONAL DETAILS AND INFORMATION

Highest Level	PRIMARY HIGH DIPLOMA BACHELOR	Current Occupation	
Period of Study (where applicable)		Motivate interest in Muallim / Muallimah Course	
Relevant Qualifications			
Islamic Studies Background			
Period of Study (where applicable)			
Other Skills or Certification		Future Aspirations	

SECTION C : APPLICANT NEXT OF KIN DETAILS

Title	Mr / Mrs / Ms / Doc / Prof	Home Language	
Surname		Relationship	Biological / Step / Foster / Ward
First Names		Residential Address	
Initials			
ID No			
Passport No			
Cell No			
Tel No		Email Address	

SECTION D : ACCOUNT PAYEE DETAILS

Title	Mr / Mrs / Ms / Doc / Prof	Residential Address	
Surname			
First Names			
Initials		Email Address	
ID No		Employer	
Passport No		Employer Address	
Home Language			
Cell No			
Tel No		Employer Tel No	
Marital Status		Employer Fax No	
Relationship	Biological / Step / Foster / Ward	Occupation	

I, the undersigned, (person responsible for the account)

FULL NAMES & SURNAME

the person responsible for the Account at The 2 Oceans Leadership Institute, hereby confirm and verify that the information provided on this application is true and correct.

SIGNATURE

DATE

SECTION E : CONDITIONS OF ACCEPTANCE

This is to certify that I (Applicant Full Name) request acceptance for entry at The 2 Oceans Leadership Institute as a Student for the requested Course in year 20 , I hereby accept the following terms and conditions:

- all Students without exemption will comply with all the Institutions rules
- that in the event of an emergency arising, medical or otherwise, relating to the Student detailed in Section A, where it is not reasonably possible in the opinion of the Institution and the person who is duly designated by the Institution to effectively communicate or establish communication with the next of kin and shall have the authority, to make a, cause and is allowed to carry out a decision they consider necessary in the interest and welfare of the said Student
- any Student found in possession, carrying onto the Instituions premises any dangerous objects and or using any banned substances such as drugs, alcohol, cigarettes or undesirable literature, could be removed from the Institutions premises
- the Institution is not liable for any loss or damage, however caused to any property belonging to a Student of the Institution
- the Institutions rules and regulations are amended from time to time and therefore shall be binding and be observed by the Student where it may concern them
- incomplete application forms without all required supporting documentation could be delayed as it might not be processed

We the undersigned, hereby certify that we have read, understand and accept the conditions stated in Section H.

Full Name of Applicant

Signature of Applicant

DATE

FOR OFFICE USE ONLY

INTERVIEW DATE	APPROVED	Account Name: The 2 Oceans Leadership Institute NPC Bank: First National Bank Acc no. 62879050046 Current Account
COMMENTS	DATE	
	COMMENCEMENT DATE	
	COURSE	