

SECTION 1: INSTRUCTIONS

1. Complete the application form and attach certified copies of your Identity Document and Metric Certificate, N3 Certificate or Examination Statement of Symbols.
2. Pay the **R250** non-refundable application fee. Closing date is **31 January 2023** (Late Application Fee **R350**).
3. Submit the completed application form, certified documents and proof of payment for application fee to FDA Administration Office or Email: info@funulwazi.co.za
4. FDA will notify you once your completed application has been received.
5. FDA will notify you if your application was successful and issue you with an Acceptance Letter which must be completed, signed and returned to FDA.
6. The registration fee due must be paid before the last payment dates specified in the Acceptance Letter.
7. You will be registered at FDA upon receipt of your signed Acceptance Letter and proof of payment of the registration fee. Registration form will be sent to you for completion

SECTION 2: THE PROGRAMME APPLYING FOR

Occupational Certificate: Chemical Laboratory Analyst, NQF Level 4, 200 credits.

SECTION 3: PERSONAL/ CONTACT DETAILS

Name/Surname:	<input type="text"/>												
Gender	:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date Of Birth	:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
								D	D	M	M	Y	Y
Race	:	<input type="checkbox"/>	African	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	White				
Full Address	:	<input type="text"/>											
ID Number	:	<input type="text"/>				City / Town	:	<input type="text"/>					
Cell Number	:	<input type="text"/>				Postal Code	:	<input type="text"/>					
E-Mail	:	<input type="text"/>											

SECTION 4: DECLARATION

1. I, the undersigned, by my signature hereto consent, warrant and agree that:
2. I am aware that the number of applications received exceed the spaces available at the institution. Therefore, meeting the minimum requirements for the application does not guarantee admission to the institution. If my application is successful and I accept the opportunity to study at FDA,
3. I declare that:
 4. 1.1 I will comply with the Student Code of Conduct stipulated by FDA.
 5. 1.2 I shall inform the Administration Office immediately, in writing, if I change/amend any part of my personal and/or contact details.
 6. 1.3 I have acquainted myself with the information in the prospectus and on the FDA website, it remains my responsibility to have an active email address to ensure that I receive communication from FDA through this medium.
7. I hereby accept liability for the payment of all tuition fees or other fees which may be charged by FDA as a result of my studies at FDA as described in the prospectus.
8. I am aware that my enrolment is valid only if it complies with the regulations of the qualification concerned, notwithstanding the acceptance of this application by FDA.
9. I accept the responsibility of submitting all documents required by FDA before the due dates.
10. I declare that the information contained herein is true and correct and FDA shall be entitled to cancel my registration if I have made any misrepresentation or omission on this application.
11. I acknowledge that my residential address will be the main indicator for venue allocation pertaining to academic support sessions.

Signature of Applicant: _____

Date: ____/____/2023

SECTION 5: BANKING DETAILS

Account Holder: Funulwazi Development Academy (FDA)
Account Number: 6274 3977 962
Bank: First National Bank
Bank Branch: Davenport
Bank Code: 250 655

Important: Use your ID number as reference when making payment. Payment must only be made into FDA's bank account provided above. No cash will be accepted by FDA representatives.