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Application for Admission to 'Early Inspiration Training Programme'

The procedure when applying to the Early Inspiration Training Programme will be as follows:

1. Fill in an application form and submit.
The form needs to be posted or delivered to
Attention: Admissions
17 Pickering Street
Newton Park, Port Elizabeth
Ph: 041 373 0884
Fax to 0866687009
2. Application forms can be submitted throughout the year, as courses commence monthly.
3. Applications submitted in person will require applicants to write a knowledge test.
4. Applicants will receive confirmation that their application has been received. This is not confirmation of acceptance on the Training Programme.
5. The application will be considered by Early Inspiration Management.
6. If short-listed for the bursary application, you will be required to attend an interview
7. If accepted, you will receive a phone call & letter informing you of your acceptance & training dates.
8. The submission of an application form does not guarantee a place on training.

PLEASE REMEMBER

Each applicant please needs to attach the following to your application form:

- A certified photocopy of your ID
- A certified copy of your schooling certificate & any other certificates you may have
- A copy of a letter from your principal confirming your attendance at the school as well as a commitment to allowing you to complete the course.

NO ORIGINAL CERTIFICATES WILL BE ACCEPTED

Early Inspiration Training Programme Application Form

Please Fill in Applicants Personal details below

Personal Information

Full Name and Surname: _____

Home Language: _____ Other Languages: _____

Are you a South African Citizen? _____ If no, please state which country _____

Identity Number: _____ Age: _____

Which course are you applying for? [Circle only one]

LEVEL 2 SKILLS PROGRAMME LEVEL 4 QUALIFICATION in ECD LEVEL 5 QUALIFICATION in ECD

*Do you have any special or particular needs: _____

Home Postal Address: _____

_____ Postal Code: _____

Cell No.: _____ Alternative Cell No.: _____

Previous Education

What previous training in ECD have you done? _____

Which training institutions have you studied through? _____

Schooling: What was the highest standard which you passed at school? _____

List your subjects: _____

Name of school attended: _____

Date of Application: _____ Signed by Applicant: _____

Completed by Principal/Management Committee:

Name & Surname: _____

Signature as confirmation of support to attend training: _____

Please complete detail below about the ECD Centre that you are working or volunteering at:

Early Childhood Centre Detail

Name of School/ECD Centre: _____

Registration Number: _____ NPO- Registration Number: _____

Physical Address: _____

_____ Postal Code: _____

Postal Address: _____

_____ Postal Code: _____

Office Phone Number: _____ Cell No.: _____

Office Fax Number: _____ E-mail: _____

Contact person at Early Childhood Site: _____

Position / job of Contact Person: _____

Age of children at Early Childhood Site: _____

Number of children at Early Childhood Site: _____

Number of children in YOUR class: _____ Age of children in YOUR class: _____

Are there any children with special needs? _____

Explain your role at the ECD Centre: _____

How often do you work at the Early Childhood site: _____

How long have you been teaching for? _____

Are you a volunteer or employed by your ECD Centre? _____

Have you spoken to the principal or management committee & do you have their full support to attend the training? _____

Why would you like to attend this training programme? _____
