



# St Augustine College of South Africa

## Application for BA(Honours) in Peace Studies Degree in 2017

APPLICATION FEE: R500

### MODULES

06 – 10 March 2017 (Monday – Friday) Foundations of peace studies: Dignity and the common good (HONA401) AND Fundamentals of peace-building: Concepts, philosophy and organisation (HONA402)

11 March 2017 (Saturday) Research Methods Workshop

13 – 17 March 2017 (Monday – Friday) Recovering from violence: Transitional justice, reconstruction and reconciliation (HONA404) AND Identity-based conflict: Ethno-cultural, gender and religious dimensions (HONA403)

20 March 2017 Research Methods Workshop

### PERSONAL DETAILS

Please write in capital letters

Prefix/Title Mr  Miss  Mrs  Ms  Other:

Surname

First Name

Middle Name/s

Preferred first name

Maiden Name  Date of Marriage   
(please provide certified copy of marriage certificate)

South African Identity document no

Passport no (if not South African or if no residence permit)  Nationality

Date of birth    Gender (please tick)  Male  Female

### CONTACT DETAILS

Please write in capital letters

Home Tel

Work Tel:  Fax:

Cellphone number:

Email address:

Physical Address

Province  Code

Postal Address

Province  Code

Name and address of Employer

Province  Code

Telephone number

Current Occupation \_\_\_\_\_ since (date) \_\_\_\_\_

Previous working experience \_\_\_\_\_

**PERMANENT RESIDENCE / STUDY PERMIT DETAILS** Please write in capital letters

Have you applied for permanent residence? (yes/no)  If yes, has it been granted? (yes/no)

If granted, state either RSA ID number or Permit Number \_\_\_\_\_

Date granted Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Have you applied for a study permit for this institution? (y/n)  If yes, has it been granted? (y/n)

Valid from Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ to Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

**NEXT OF KIN DETAILS** Please write in capital letters

Prefix/Title Mr  Miss  Mrs  Ms  Other: \_\_\_\_\_

Relationship to you

Surname

First Name

Physical Address

Postal Code

Telephone number

Cellphone number:

Email address:

**GENERAL BACKGROUND** Please write in capital letters

Population Group (as required for statistical purposes by the DoE) Black  Coloured  Indian  White

Home Language:  
(Listed alphabetically)

Afrikaans		SeSotho	
English		Setswana	
isiNdebele		Siswati	
isiXhosa		Tshivenda	
isiZulu		Xitsonga	
Sepedi		Other (please specify)	

Disability/Special Needs  
(please state)

**ACADEMIC HISTORY**

Details of school attended

Name of School Telephone number **School leaving certificate details**Date examination was written Name of Examination Did you obtain an exemption 

Subjects written eg. English, Maths etc	Symbol	Subjects written eg. English, Maths etc	Symbol
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Please provide certified copy of your school leaving certificate. If not a SA Matriculation qualification please list subjects passed and results in above table.

**OTHER QUALIFICATIONS /REGISTRATIONS**

Degree/Diploma	Full-time or Part-time	Dates of Registration		Date of Graduation	Name of Institution and address
		From	To		

**FURTHER INFORMATION**

Are you currently registered for any other degree or diploma (y/n)

Will you be registered in 2017 for any other degree or diploma (y/n)

If yes, please give us details

If yes, please give us details

**Name of Institution:****Degree/diploma for which registered****Year of study****Other details**

**LEGAL DECLARATION OF INDEMNITY**

1. Neither the College nor any employee or representative of the College acting in his/her capacity as such shall be liable for,
  - (a) any damage arising out of the death, bodily injury, loss of health or injury of any student or the destruction of or damage to any property owned by or in the custody of any student; or
  - (b) any loss of a purely pecuniary nature suffered by any person whatsoever, whether such damage or loss be caused by the negligent or intentional act or omission, or any other wrongful act or omission of the College or any employee or representative of the College, or arising out of ownership of any domesticated animal.
2. The applicant hereby indemnifies the College against any claim made by any person whatsoever against the College in respect of any damage arising out of the negligent or intentional act or omission or any other wrongful act or omission of the applicant.

I, the undersigned applicant –

- a) declare and warrant that I am :
  - (i) a **major** or
  - (ii) a **minor** assisted as far as in law needs be by (full name and surname of guardian)  
*(Delete (i) or (ii) whichever is not applicable)*

in his/her capacity as my guardian:

relationship to applicant

- b) acknowledge and understand the provisions of the declaration of indemnity above and hold myself bound thereby; and by all other provisions of this application; and by the rules of the College for the time being in force or as they may be altered, for any period during which I am a registered student.
- c) declare that I know that, should I during my attendance at the College undergo training in any workshop, laboratory or any other place of training or education or attend any excursion, exercise, sporting activity, event of any nature whatsoever or gathering (whether authorized by the College or not and whether authorised by law or not) whether within or without the College, I may be exposed to risks to life or to bodily injury or to health or illness or of damage to property, and that, in the full knowledge of this, I consent to run all the risks involved in any such training, excursion, exercise, sporting activity, event or gathering;
- d) certify that the information given in this form is accurate and complete.

**LIABILITY FOR FEES**

I undertake to pay unconditionally all fees, charges and equipment surcharges payable to the College as and when they fall due for payment, for any period for which I **am or may become a registered student / the said applicant is or may become a registered student** of the College. *(Delete whichever is not applicable)*

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

Date:

**With this application please provide:-**

- A certified copy of your Identity Document/Passport
- Certified copies of your academic certificates and detailed and complete academic transcripts (records)
- Proof of change of name, if any (i.e. certified copy of marriage certificate)
- Evaluation certificate from SAQA (for Non-South African academic qualifications)
- Application fee (R500) payable in advance. Banking details Standard Bank, Northcliff Branch, Account number :022 517 928, Branch code : 00 63 05 (proof of payment can be faxed to 011-380 9222)

**A reminder to return completed forms with accompanying documentaiton to:**

The Assistant Registrar: Postgraduate Education, St. Augustine College of South Africa, P.O.Box 44782, Linden 2104  
 Our contact details: Tel: 011 380 9011 Fax: 011 380 9211 or 011 380 9200 Email: [c.thorn@staugustine.ac.za](mailto:c.thorn@staugustine.ac.za)

Thank you for your application. We will respond in writing as soon as possible.