

NB: this form is only to be used when APPLYING for admission. On the approval of the application, an acceptance letter accompanied by an invoice will be provided.

2018

***Please place an “X” in the appropriate blocks**

General Information

Which Track do you wish to apply for:	<input type="checkbox"/>	Advanced Track	<input type="checkbox"/>	Fundamentals Track
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Name

Surname	<input type="text"/>
First name/s	<input type="text"/>
Name by which you wish to be called	<input type="text"/>

Title (e.g. Dr, Prof, Mr., Mrs)	<input type="text"/>	Date of Birth <small>year/month/date</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Population group	<input type="checkbox"/>	African	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White	<input type="checkbox"/>	Other:	<input type="text"/>
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Details required by Government for Statistical Purposes

Personal details

Home language ¹	<input type="text"/>	Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Do you have South African citizenship?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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RSA ID number	<input type="text"/>
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Or

Passport number	<input type="text"/>
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Do you have any disabilities?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, please state nature of disability	<input type="text"/>
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Addresses/contact

Postal Address	<input type="text"/>			
Home Address	<input type="text"/>			
		Post Code	<input type="text"/>	
Work Address	<input type="text"/>			
		Post Code	<input type="text"/>	
Cellular Phone	Dialing Code	<input type="text"/>	Number	<input type="text"/>
Home Telephone	Dialing Code	<input type="text"/>	Number	<input type="text"/>
Work Telephone	Dialing Code	<input type="text"/>	Number	<input type="text"/>
Email Address <i>*Please print clearly</i>	Dialing Code	<input type="text"/>	Number	<input type="text"/>

Next of Kin (in case of emergencies)

Title	<input type="text"/>	Surname	<input type="text"/>	Name	<input type="text"/>
Initials	<input type="text"/>	Telephone	<input type="text"/>	Email Address	<input type="text"/>

¹ Kindly note that, as the Anglophone Africa Centre, all courses and materials will be in English

Education background

Detail/name of qualification	Name of institution	Subjects	First Year of Registration	Date Completed

Professional / work background

My MAIN work involves	Period (Years)
I mainly conduct evaluations	
I mainly commission evaluations	
I mainly do monitoring and reporting	
I mainly set up/manage/coordinate M&E systems	
I am mainly a researcher	
I am mainly an emerging evaluator	
Other (please specify)	

Have you attended any CLEAR M&E short courses? Yes No

Please list all CLEAR-AA short courses attended previously

Detail/name of course	Individual Capacity or Part of an institution?	Name of Institution (if applicable)	Year attended	Country where the course was delivered	Did you complete the course?		
					Yes	No	

Have you attended any other non-CLEAR M&E short courses? Yes No

Please list all NON-CLEAR-AA short courses attended previously

Detail/name of course	Individual Capacity or Part of an institution?	Name of Institution (if applicable)	Year attended	Country where the course was delivered	Did you complete the course?		
					Yes	No	

Funding / sponsor details

Who will be funding your participation I am looking for funding from different donors, but I need admission to the course first

If a donor/your organisation is funding your attendance please provide the following details

Name of Donor/ Organisation			
Postal Address		Cellular Phone	
		Telephone	
		Post Code	
		Email	
Name of contact person:			
Position			
Signature			

Is there any other information you would like to share as a motivation to be selected for participation in this course (maximum 300 words)?

Indemnity and undertaking

LEGAL DECLARATION OF INDEMNITY AND UNDERTAKING

I, THE APPLICANT,

- (1) Acknowledge that the University does not accept responsibility for damage or loss in respect of property of the applicant or in respect of property brought onto University premises by the applicant.
- (2) Do hereby indemnify the University in respect of any damage caused by the applicant to University property or to the property of third parties, whether on or off the University premises, as a result of the applicant's actions either whilst on the University premises or whilst engaged in any activity related to the University.
- (3) Undertake, during the orientation period and for any period during which I am a registered student, to be bound by the rules and regulations of the University for the time being in force, including the rules and regulations of any University residence, club or society to which I may be admitted or become a member and by any requirements or conditions imposed by the University on me as a prerequisite to my registration as a student of the University in any faculty.
- (4) Certify that the information provided in this form and all supporting documentation is accurate and acknowledge that furnishing any false information may result in disciplinary proceedings being taken against the applicant.
- (5) Declare that I have furnished the University with all the information necessary to make an informed decision about my admission.
- (6) Undertake to pay unconditionally all fees, charges and equipment surcharges payable to the University as they fall due for payment, for any period for which I am or may become a registered student or the applicant is or may become a registered student of the University.

ALL APPLICANTS MUST SIGN BELOW – Thank you

Signature of applicant:.....

Date:.....

Office use

Application received on (date)	
Processed by (programme coordinator)	
Check min criteria met (programme coordinator)	
Evaluation and decision	
Decision letter sent (date)	
On database (date)	