



## APPLICATION FOR ADMISSION

### SECTION A: ACADEMIC PROGRAMME APPLIED FOR

*Please tick the course you wish to be applied for*

- Advanced Certificate in HIV Counselling and Testing (formerly VCT)
  - Introduction to Counselling
  - Rapid HIV Testing (Refresher Training)
  - Rapid HIV Testing Training
  - Couple HIV Counselling and Testing Training
  - Post Rape Care Trauma
  - Child and Adolescent Counselling Training
  - Peer Education Training
  - Provider Initiated Testing and Counselling (PITC)
  - Trainer of Trainer (TOT) for HIV related Course
  - Community mobilizers Training
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**SECTION B: PERSONAL DATA**

1. Surname  Middle Name

First Name  ID No

2. Permanent Address

Postal Address  City/Town

Phone  Mobile

Email address

3. Gender  Female  Male

4. Date of birth  /  /

5. Marital Status  Single  Married  Other (specify)

6. Nationality

7. Profession

8. Employment Status

9. Organisation

10. District

11. List of any Counselling courses attended?

[a]

[b]

[c]

12. Experience in Counselling and Testing

None   Less than 1 year

1 to 2 years   2 years and above

Next of Kin or Guardian ( contact in case of emergency)

Name  Relationship

City/Town  Phone

Fax  Mail



### 13. Sponsorship

Self       Parent       Guardian       Others specify

Company Name

City/ Town

Tel

Fax

Mail

## SECTION C: ACADEMIC PROFILE

### 1. List of Academic qualifications

[a] Senior Secondary School

Name of School

Points

[b] Tertiary

Institution

Qualification

Other qualification

### 2. Additional Information

How did you learn about Tebelopele College (please tick all that apply)

- Social Media       Prospectus       Colleagues  
 Former/Current Student       Friend/Family       News paper/Adverts

### 3. Three preferred location for attachment at Tebelopele centres.

[a]

[b]

[c]

### REFUND POLICY *(Read and understand the below refund policy)*

Learners should be refunded **75%** of the total enrolment fee only under the following circumstances anything outside this does not warrant refund unless at discretion of the **Executive Director**.

- Cancellation of class attendance provided there in written justification and should be given to Training Coordinators **one month** before commencement of class.
- Proof of medical condition as to hindrance to class attendance should be submitted with the request.
- There shall be **No Refund** if requested after the classes have commenced and **50%** refund if request is made **three weeks** before classes. T' s & C's rules apply

## **SECTION D: PLEASE PAY TO ACCOUNT**

[a] REGISTRATION - P100/ Pay after filling application

[b] COURSE FEE- P4,500

### **ACCOUNT DETAILS**

**Account Name:** Tebelopele College Limited

**Account Number:** 62812776443

**Bank Name:** First National Bank (FNB)

**Branch:** Broadhurst Industrial

**Branch code:** 281267

**Reference:** Student name as they appear on ID

**NB:** Receipt should be attached with application form, certified copies of certificates and Omang (ID)

