

# **COLLEGE OF TRANSFIGURATION, NPC**

A provincial centre for training of Anglican clergy

## **ADMISSION APPLICATION FORM**

2018

| FOR OFFICIAL USE ONLY   |   |
|---|---|
| Date of receipt   | Payment Confirmation: Date  Amount                          |
| Documents received  | _   |
| I.D/Passport  Marriage Certificate  National Senior Certificate  SAQA (Foreign qualification)  Motivational letter  Other | Fellowship of Vocation Reference Letter Medical Aid or Plan |

NB: First read the NOTES below and then complete all sections of the form. Print clearly in BLACK OR BLUE ink in the blank boxes and on the dotted lines as required in BLOCK LETTERS. Applicants who falsify information or submit fake results will automatically face disqualification and prosecution.

#### **IMPORTANT NOTES TO ALL APPLICANTS**

- 1.1 All applicants **MUST** complete all sections of the application form carefully and legibly. If the College discovers that any information submitted by the applicant is false, it will reject that application and may refer the matter for legal action.
- 1.2 Applicants should submit this form to the Registrar's Office, P.O. Box 77, Grahamstown, 6140, South Africa or email to registrar@cott.co.za or fax to 046 622 3877.
- 1.3 Application fee is **R100** non refundable and a late application fee of **R200** will be charged for applications submitted after the submission deadline.
- 1.4 The closing date for receipt of applications for admission is as advised in the published advert.
- 1.5 The application form should be **ACCOMPANIED** by an applicant's motivational letter and a referee letter.
- 1.6 All applicants **MUST** submit, with this form, photocopies **(NOT originals)** of all qualifications/certificates referred to in the application including I.D. cards. The copies of certificates must be certified by a Commissioner of Oaths.
- 1.7 All applicants must endorse at the bottom of this page that they have understood the notes given above and that they agree to their application being considered under the conditions outlined above.
- 1.8 The College does not have middlemen working on its behalf in the Admissions process.

| SECTION A: PERSONAL DETAILS   |
|---|
| 1. SURNAME/FAMILY NAME  |
| 2. FORENAME(s)  |
| 3. TITLE e.g. MR/MRS/MISS/DR/MS/REV/SR: 4. INITIALS   |
| 5. DATE OF BIRTH (DDMMYYYY) 6. SEX (mark X): MALE FEMALE  |
| 7. PLACE OF BIRTH   |
| 8. MARITIAL STATUS MAIDEN NAME (If applicable)  |
| 9. ID NUMBER/PASSPORT NUMBER (attach certified copy of ID/Passport)   |
| 10. RACE (mark X): AFRICAN WHITE INDIAN COLOURED OTHER  |
| 11. NATIONALITY 12. RELIGION 12. RELIGION   |
| 13. CITIZEN STATUS (mark X): SA FOREIGN (SA PERMANENT RESIDENCE) FOREIGN (REQUIRING STUDY PERMIT)   |
| 14. DO YOU SUFFER FROM ANY MEDICAL OR CHRONIC CONDITION, ANY PHYSICAL OR OTHER DISABILITIES FOR WHICH SPECIAL ARRANGEMENTS AT COLLEGE WOULD BE REQUIRED? YES NO IF 'YES', PLEASE PROVIDE DETAILS BELOW: |
|   |
|   |
| (attach a doctor's medical report)  |
| (attach a doctor's medical report)  15. SPECIAL NEEDS (e.g dietary)   |
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|                             | T                | the following:      | 1                                      |                          | <u> </u>                  |
|-----------------------------|------------------|---------------------|--|--------------------------|---------------------------|
| YEAR                        | INST             | TITUTION            | DEGREE/QUALIFICATION                   | ON COMPLETED             | (YES/NO) GRADE            |
|                             |                  |                     |  |                          |                           |
|                             |                  |                     |  |                          |                           |
|                             |                  |                     |  |                          |                           |
|                             |                  |                     |  | +                        |                           |
|                             |                  |                     |  |                          |                           |
|                             |                  |                     | (attach                                | certified copies of full | transcript and certificat |
| SOUTH                       | AFRICAN NATIO    | ONAL SENIOR CER     | TIFICATE APPLICANTS*                   |                          |                           |
| + All cı                    | uhioete takon ar | ad roculta includir | ag failures, and <b>ettech cortifi</b> | ad capies of cortificat  | rae)                      |
| i ALL Si                    | T T T T          |                     | ng failures, and <i>attach certifi</i> | ea copies of certificat  |                           |
| YEAR                        |                  |                     | SCHOOL ATTENDED                        |                          |                           |
|                             | CLIBIEC          |                     | %                                      | SUBJECT                  |                           |
| SUBJECT<br>e.g. Mathematics |                  | e.g. 49             | e.g. Mathematics e.g.                  |                          |                           |
|                             |                  |                     |  |                          |                           |
|                             |                  |                     |  |                          |                           |
|                             |                  |                     |  |                          |                           |
|                             |                  |                     |  |                          |                           |
|                             |                  |                     |  |                          |                           |
|                             |                  |                     |  |                          |                           |
| ORFIGI                      | N OUALIFICATIO   | ON APPLICANTS*      |  |                          |                           |
|                             |                  |                     | equivalency by SAQA.(visit <u>wv</u>   | vw.saqa.org.za )         |                           |
| JNTRY                       |                  |                     |  |                          |                           |
| SIVIIVI                     |                  |                     |  |                          |                           |
| D                           | ATE              | EXAN                | 1INING BODY                            | GRADE / LEVEL            | NUMBER OF SUBJECT         |
| e.g.                        |                  | e.g.                | Cambridge                              |                          | PASSED e.g. Five (5)      |
| MM                          |                  |                     |  | 1                        |                           |

(attach certified copies of certificates or results)

<sup>\*</sup>Any applicant who FALSIFIES or SUBMITS fake results will face prosecution and automatic disqualification.

| SECTION C: PROGRAMME CHOICE AND OTHER ACADEMIC LITERACY  |                        |                   |  |
|--|------------------------|-------------------|--|
| 1. QUALIFICATION (Please indicate the name of qualification/programme applied for)   |                        |                   |  |
| NAME OF QUALIFICATION  |                        |                   |  |
| PROPOSED YEAR OF ENTRANCE TO COLLEGE OF TRANSFIGURATION (e.g. 2018)  |                        |                   |  |
| 2. LINGUSTIC ABILITY HOME LANGUAGE   |                        |                   |  |
| LANGUAGES SPOKEN   | LANGUAGES READ         | LANGUAGES WRITTEN |  |
|  |                        |                   |  |
|  |                        |                   |  |
|  |                        |                   |  |
| RATE YOUR ABILITY TO: (Indicate with an X)   | AK ENGLISH WRITE ENGLI | SH READ ENGLISH   |  |
| Excellent  |                        |                   |  |
| Good   |                        |                   |  |
| Average  |                        |                   |  |
| Poor   |                        |                   |  |
| 3. MOTIVATIONAL LETTER* (To be typed and signed by the applicant)  |                        |                   |  |
| <ul> <li>Provide a 2 page motivational letter covering the following aspects:</li> <li>Brief description of yourself including any experience (things you have do), skills (things you are able to do) and characteristics (what you are like);</li> <li>Reasons that motivated you to apply;</li> <li>Brief description of your perception of (ordained) ministry;</li> <li>Brief history of parish/church/ ministerial involvement (if applicable);</li> </ul> |                        |                   |  |

- Areas of life that you have grown and those areas that need further development;
- Expectations with regards to your time at College to aid continued growth and development;
- Anticipated challenges that you will face studying at the College;
- Future plans after completing your studies; and
- Provide at least two (2) hobbies.
- 4. FELLOWISHIP OF VOCATION REFEREE LETTER\* (To be written and signed by the applicant's supervisor, dean of studies or equivalent)

Provide the following information in the referee letter:

- Contact details including full name, address, telephone, cellphone and email address;
- Brief description of the applicant's personality;
- Summary of the applicant's spiritual life and participation in church life;
- Brief description of the applicant's academic ability; and
- Areas of life which the applicant need for personal development and growth.

\*It is a **MUST** to attach the motivational letter and referee letter. Application forms without the letters will not be considered.

| SECTION D: FINANCIAL GUARANTEE   |  |  |  |
|--|--|--|--|
| 1. FUNDING DETAILS   |  |  |  |
| Please indicate with an 'X' below who will be funding fees for the applicant:  |  |  |  |
| Diocese Organisation Company Self  |  |  |  |
| Relative (Specify relationship) Other (specify other)  |  |  |  |
| 2. GUARANTOR DETAILS (To be completed by the guarantor)  |  |  |  |
| FULL NAME  |  |  |  |
| NAME OF DIOCESE/ORGANISATION /COMPANY /OTHER (Delete inapplicable)   |  |  |  |
| ADDRESS CODE CODE  |  |  |  |
| TELEPHONE CODE CODE CODE CODE CODE CODE CODE COD   |  |  |  |
| EMAIL THE THE TOTAL THE TO |  |  |  |
|  |  |  |  |
| APPLICANT'S FULL NAME  |  |  |  |
| Declaration,   |  |  |  |
| I/We, the undersigned, hereby declare that:  |  |  |  |
| The College of The Transfiguration shall receive the payment of the fees for the applicant timeously either in term installments or in full amount;  |  |  |  |
| A statement signed by the Registrar/ Treasurer shall represent the amount owing to the College by me/us, and further that in the event of such amount being handed over for collection I/We shall pay all legal charges incurred on the attorney and client scale; and   |  |  |  |
| I/We shall pay interest on overdue fees and disbursements at the rate of 2% per month compounded monthly and calculated from the first day of each month following date by which final payment of all fees and disbursements must have been made.  |  |  |  |
| GUARANTOR'S SIGNATURE DATE   |  |  |  |
|  |  |  |  |
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| SECTION E: DECLARATION BY APPLICANT  |  |  |  |
|--|--|--|--|
| I, the undersigned, hereby declare that:   |  |  |  |
| The information I have given on this form and attache found to be false my application will be disqualified and  | ed thereto is true, complete and accurate, and that should it be d I will face legal action;   |  |  |
| College as from the date on which I take up residence a  | ther that, if accepted, will be under the disciplinary control of the at the College or the day on which I commence studies or attends is earliest, until the College accepts a notice of withdrawal from thichever is the latter; |  |  |
| I accept liability for damage to College property howsoever caused by me and indemnify the College against any loss or damage howsoever caused in respect of property that I would have left at the College. I also indemnify the College against any claim whatsoever for damages howsoever caused or arising which I may sustain whilst registered as a student at the College, acknowledging that my participation in any sporting or other activity at the College or conveyance in any College vehicle, shall be at my sole and absolute risk. This indemnity shall be binding on my Executors and Heirs; |  |  |  |
| The College may take all such steps as it considers reasonable in the event of my becoming ill or requiring medical attention without the College undertaking any legal obligation to do so; and   |  |  |  |
| The College may report to the Diocese or major fee contributor such breaches of the rules by me as the College deems necessary and further report on any matter concerning progress, conduct, well-being or health.  |  |  |  |
|  |  |  |  |
| APPLICANT'S SIGNATURE  | DATE   |  |  |
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Registered as a Non Profit Company (NPC) in terms of the Companies Act 2008, Registration No 2006/000074/08

Provisionally registered with the Department of Higher Education and Training until 31 December 2018 as a private higher education institute under the Higher Education Act 1997. Registration Certificate No. 2013/HE08/002

| CHECKLIST  |  |         |          |  |
|--|--|---------|----------|--|
| Have you completed ALL sections (A, B, C, D and E)  Yes No |  |         |          |  |
| Have you attached motivational letter and referee letter   |  | Yes N   | 1o 🗌     |  |
| Have you enclosed a d                                      |  | Vas 🗔 🖪 | <u> </u> |  |
| i) National Identity Document/Passport                     |  |         | 10       |  |
| ii) Marriage certificate (if applicable)                   |  |         | 10       |  |
| iii) Education certifica                                   | ates, transcript (if applicable) and results                       | Yes L N | No L     |  |
| Have you signed the fo                                     | orm (section E) and asked your guarantor to complete section D     | Yes N   | 1o 🗌     |  |
| (DO NOT ENCLOSE CA   | propriate application fee and enclosed the proof of direct deposit | Yes N   | No 🗌     |  |
| Bank details:  |  |         |          |  |
| Bank name:   | Standard Bank  |         |          |  |
| Account name:  | College of the Transfiguration                                     |         |          |  |
| Account number:  | 082 0353 18  |         |          |  |
| Branch name:   | Grahamstown  |         |          |  |
| Branch code:   | 50917  |         |          |  |
| Swift Code:  | SBZAZAJJ   |         |          |  |
| REFERENCE:   | SURNAME & INITIAL  |         |          |  |
|  |  |         |          |  |
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## PROGRAMME ENTRANCE REQUIREMENTS

## 1. GENERAL REQUIREMENTS

| PROGRAMME                               | ADMISSION REQUIREMENTS  | DURATION           |
|---|---|--------------------|
| Diploma in Theology<br>(SAQA ID: 92059) | The minimum admission requirement is a National Senior Certificate (NSC) as certified by Umalusi with an achievement rating of 3 (Moderate Achievement, 40- 49%) or better in four recognised NSC 20-credit subjects or foreign qualification equivalent.   | Three (3)<br>years |
| Bachelor of Theology (SAQA ID: 90914)   | The minimum admission requirement is a National Senior Certificate (NSC) as certified by Umalusi with an achievement rating of 4 (Adequate Achievement, 50 - 59%) or better in four recognised NSC 20-credit subjects appearing on the designated subject list. Satisfactory Achievement in four designated NSC subjects provides the primary basis for admission to a Bachelor's Degree programme or foreign qualification equivalent. | Four (4)<br>years  |

#### 2. APPLICATIONS AND FURTHER INFORMATION

Applications will be considered upon payment of a non refundable fee of R100. The banking details are as follows:

Bank name: Standard Bank

Account name: College of the Transfiguration

Account number: 082 0353 18
Branch name: Grahamstown

Branch code: 50917 Swift Code: SBZAZAJJ

REFERENCE: SURNAME & INITIAL

The closing date for receipt of COMPLETED application forms is the **30**<sup>th</sup> of **September** each year. Late applications will be considered up to **31**<sup>st</sup> of **October** each year upon payment of a non refundable late application fee of **R200**. After 31 October all late applications will be accepted at the discretion of the Registrar also upon payment of a non refundable late application fee of R200.

Application forms should be obtained and forwarded to:

The Registrar
College of Transfiguration
P.O. Box 77
Grahamstown
6140
SOUTH AFRICA

Tel 046 622 3332 Fax 046 622 3877

Email registrar@cott.co.za

Applicants can also download application form from <a href="www.cott.co.za">www.cott.co.za</a> and then enclose proof of payment when posting the completed application form.