

## STUDY ENROLMENT FORM

(All pages MUST be completed IN FULL, as appropriate, please)

### COURSE ENROLMENT:

- Overview of Packaging Technology Short Course (OPT)
  One Year Diploma in Packaging Technology (OYD)
  Advanced Packaging Diploma (APD)

### PERSONAL DETAILS:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Email: \_\_\_\_\_

Region: KZN  W. Cape  E. Cape  Border  \*Northern

\*includes Gauteng and Pretoria

Title (Prof/Ms/Miss/Mrs/Mr): \_\_\_\_\_ Initials: \_\_\_\_\_ Known As: \_\_\_\_\_

ID Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Grade of Membership: \_\_\_\_\_

### INTRODUCED BY:

IPSA Member Name: \_\_\_\_\_ Email: \_\_\_\_\_

### CURRENT EMPLOYER DETAILS:

Company Name: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Tel: \_\_\_\_\_ Job Title: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Vat No: \_\_\_\_\_

Employers Physical Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employers Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### PLEASE POST CORRESPONDENCE AND JOURNALS TO (IF DIFFERENT FROM ABOVE):

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### PLEASE SEND MEMBERSHIP INVOICE FOR PAYMENT TO: Me at the address above or

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

### RELEVANT ACADEMIC & PROFESSIONAL PACKAGING RELATED QUALIFICATIONS:

Details: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Highest Academic Qualification: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

Institute/University/College/School: \_\_\_\_\_

### EMPLOYMENT RECORD - Last 3 please:

Name of Employer	Last Position Held (Job Title)	Period Employed

### SUPERVISOR CONTACT DETAILS:

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

### FOR SETA STATISTICAL PURPOSES:

Race: \_\_\_\_\_ Do you suffer from any disabilities? If so, kindly state: \_\_\_\_\_

**STUDIES INFORMATION: (FOR OYD ONLY)**

I will be studying by:  Attending lectures  Distance Learning  Mentor assisted self study

I wish to study for:

THE FULL YEAR  
(which includes the student assignment)

FIRST SEMESTER ONLY  
(if to include Student Assignment check that box also)

SECOND SEMESTER ONLY  
(if to include Student Assignment check that box also)

THE STUDENT ASSIGNMENT ONLY

Rewrite one or two exam(s) only, state which exam please : (Note: Special provisions applying to this in the Course Rules)

Exam(s) No: \_\_\_\_\_ If both exams, please refer to Course Rules.

**IMPORTANT DISTANCE LEARNERS: (FOR OYD ONLY)**

IF YOU INTEND STUDYING BY DISTANCE LEARNING, PLEASE NOTE THAT YOU ARE REQUIRED TO WRITE TESTS AND EXAMS AT THE NEAREST LECTURE CENTRE TO YOU. HOWEVER, IF YOU ARE MORE THAN 50 KILOMETRES DISTANT, OR HAVE A GOOD REASON WHY YOU CANNOT, YOU MUST COMPLETE THIS SECTION ALSO, NOMINATING AN IN-COMPANY INVIGILATOR (i.e. someone senior in your company who will monitor you whilst you write tests and exams. By entering his / her name below, you confirm that you have obtained his / her agreement to act in this capacity -

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

**ACKNOWLEDGEMENT & SUPPORT BY EMPLOYER: (FOR ALL COURSES)**

The statement as below must be supported by the Human Resources Manager / Training and Development Manager / applicant's Senior Manager of the company in which the applicant is currently employed. (If the applicant is unemployed, this fact must be stated hereon then it need not be completed.)

**STATEMENT OF ACKNOWLEDGEMENT AND SUPPORT BY EMPLOYER'S REPRESENTATIVE -**

I, the official whose full names appear below, am the Human Resources Manager/Training and Development Manager/Applicant's Senior Manager, in the company in which the above named prospective student is employed. I understand the following -

- The Programme Fee will be as stated in the Introduction paragraph on page one hereof.
- The programme requires regular attendance at lectures and formal assessments to be conducted throughout the programme, possibly requiring the participant to be released from duty for this purpose.
- The programme requires proficiency in the English language, the achievement of a mark in each and both of two formal examinations, and for the practical assignment (which each student will be required to complete) (the latter tests the student's ability to apply practically, advanced packaging concepts which he / she will learn during the course). The programme furthermore imposes a fairly severe academic work load on participants - that is, it is no "walkover" academically, and this needs to be weighed up carefully in regard to their employment work load.
- I believe this student is capable of successfully completing the programme, given the above requirements, and am prepared to fully support this student's admission.
- I understand further that the student will require support from me personally, and I am prepared to provide this support and (if necessary, on occasions) time off within reason. Furthermore, that the provisions in the official Programme Rules and Conduct document, concerning no refund of fees, has been brought to my attention.

**DETAILS OF PERSON MAKING STATEMENT:**

Full Names: \_\_\_\_\_ Position Held: \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**DECLARATION BY APPLICANT:**

I certify by my signature hereon that the statements made by me herein are truthful and correct, and I acknowledge further that, if I am accepted onto the programme -

1. I am aware of, and have read and understood, the programme Rules and Conduct applicable, and understand that this document constitutes the "rules of conduct" of this programme. I agree unequivocally to be bound by the provisions of this document; as amended from time to time, and have noted specifically those conditions applying to refund / non refund of fees;
2. I will be required to attend lectures as shown in the official Course Outline;
3. I will be required to undertake a number of examinations and a practical assignment during the period of the programme, and accept that the penalties laid down for my not doing so may be imposed by the Institute, at its discretion;
4. I am required to apply myself diligently to my studies at all times;
5. the STATEMENT OF SUPPORT following must be completed as indicated in order to satisfy the Institute, as far as is practically possible, that I am linguistically and academically capable of successfully completing this course of study;
6. The fees applicable to the programme, as stated above in the introduction paragraph, are due and payable BEFORE the course commences. An invoice will be issued as is shown hereon.
7. I have brought to the attention of my employer or sponsor the provision concerning no refund of fees, as spelt out in the Programme Rules and Conduct document.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Email this form together with the relevant fee to the regional secretary or to secretary@ipsa.org.za

**OFFICE USE ONLY**

Member ID: \_\_\_\_\_ Grade Approved: \_\_\_\_\_

Invoice No: \_\_\_\_\_ Amount Paid/Date: \_\_\_\_\_

Acceptance Date: \_\_\_\_\_ Date Certificate sent: \_\_\_\_\_

APPROVED BY REGION: \_\_\_\_\_ APPROVED BY NATIONAL CHAIRMAN: \_\_\_\_\_