

STUDY ENROLMENT FORM



This is a 2 page fillable pdf, all pages MUST be completed IN FULL, you can use your computer to type in the blocks or write by hand clearly in uppercase.

COURSE ENROLMENT:

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

PERSONAL DETAILS:

Are you already a member of the institute of packaging? YES NO

Full First Names: _____ Surname: _____

Known as (Preferred Name): _____ Title (Prof/Ms/Miss/Mrs/Mr): _____

Email: _____ Cell: _____

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

*includes all inland provinces

RSA ID Number: _____ Date of Birth: YYYY-MM-DD Grade of Membership: _____

CURRENT EMPLOYER DETAILS:

Company Name: _____ Division/Location: _____

Nature of Business: _____ Product Sector: _____

Job Title: _____ Tel: _____

PLEASE POST CORRESPONDENCE AND JOURNALS TO:

Postal Address: _____ Postal Code: _____

PLEASE SEND INVOICES FOR PAYMENT TO:

Name: _____ Email: _____

Company Name: _____ Vat No: _____

Postal Address: _____ Postal Code: _____

HIGHEST ACADEMIC ACHIEVEMENT & RELEVANT PACKAGING QUALIFICATIONS:

Qualification/s: _____

Name of Institution/s: _____ Year/s Obtained: _____

IPSA COURSES SUCCESSFULLY COMPLETED

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

Year: _____ Year: _____ Year: _____

EMPLOYMENT RECORD:

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

SUPERVISOR CONTACT DETAILS:

Name: _____ Job Title: _____

Contact Number: _____ Email: _____

SETA & B-BBEE STATISTICAL INFORMATION

(Tick the box only if applicable)

- Are you a Black person as defined by the Broad-Based Black Economic Empowerment Act 53 of 2003 as amended by Act No 46 of 2013 which means Africans, Coloureds and Indians

- a) Who are citizens of the Republic of South Africa by birth or descent or
b) Who became citizens of the Republic of South Africa by naturalisation:
i) Before 27 April 1994 or -
ii) On or after 27 April 1994 who would have been entitled to acquire citizenship by naturalisation prior to that date.

ACKNOWLEDGEMENT & SUPPORT BY EMPLOYER: (FOR ALL COURSES)

The statement as below must be supported by the Human Resources Manager / Training and Development Manager / 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/Senior Manager in the company in which the abovenamed prospective student is employed. I understand the following:

- 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 practical, advanced packaging concepts which he / she will learn during the course.) The programme furthermore imposes a fairly severe academic workload on participants – that is, it is no "walkover" academically, and this needs to be weighed up carefully in regard to their employment workload.
- 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, the provisions in the official Programme Rules and Conduct document concerning no refund of fees has been brought to my attention.
- I understand and agree that this personal information will only be processed, stored and used in accordance with the Institute's Promotion of Access to Information Act Manual which is available on the website www.ipsa.org.za

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 into the programme:

1. I certify that the statements made by me, in this application are accurate and I agree if elected to membership to conform to and be governed by the Constitution of the Institute of Packaging (South Africa).
2. 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;
3. I will be required to attend lectures as shown in the official Course Outline;
4. 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;
5. I am required to apply myself diligently to my studies at all times;
6. 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;
7. 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;
8. I have brought to the attention of my employer or sponsor the provision concerning no refund of fees, as spelled out in the Programme Rules and Conduct document.
9. I understand and agree that this personal information will only be processed, stored and used in accordance with the Institute's Promotion of Access to Information Act Manual which is available on the website www.ipsa.org.za

Signed: _____ Date: _____

**Email this form together with the relevant fee to education@ipsa.org.za.
For queries please call Lara 082 776 2201**