



THE DA VINCI INSTITUTE FOR TECHNOLOGY MANAGEMENT (PTY) LTD APPLICATION FORM

Please complete the form and e-mail the completed set of documents to Admissions at admissions@davinci.ac.za

The following documentation must accompany each application:

- 1) A clear copy of your ID or Passport (certified)
- 2) A clear copy of your Matric Certificate (certified)
- 3) Copies of all statements of results and / or qualifications (certified); and
(all foreign qualifications must be accompanied by an official letter from the South African Qualifications Authority – SAQA)
Please exclude certificates of attendance
- 4) Proof of payment of the non-refundable application fee (as detailed hereunder).

Referee's Reports for prospective Doctorate, Masters and Bachelor (if relevant) candidates must be emailed directly from the Referee or be delivered to The Institute in a signed and sealed envelope on application.

A non-refundable application fee of R350.00 is payable when applying for the programme. Proof of payment must accompany this application (Please provide electronic transfer reference number or attach copy of deposit slip).

Directors: EC Kieswetter (President), B Anderson (Vice-President and Chief Executive Officer)
Company Registration No. 2001/009271/07

Registered with the Department of Higher Education and Training as a private higher education institution under the Higher Education Act, 1997.

Registration No. 2004/HE07/003



Payments can be made into the following account:

Account Name: The Da Vinci Institute for Technology Management (Pty) Ltd

Bank: Standard Bank

Branch: Sandton

Branch Code: 019205

Account Number: 022717277 (Use Surname, Initials and course name as reference)

| SECTION 1: TO BE COMPLETED BY ALL PROSPECTIVE STUDENTS | | | | | | | | | |
|--|--------------------------------|--|-------|-------------------|--------|--|----------|--|--|
| 1. Personal Details: | | | | | | | | | |
| Title | | | | | | | | | |
| Surname | | | | | | | | | |
| Maiden Name (If applicable) | | | | | | | | | |
| Initials | | | | | | | | | |
| Full name/s as indicated on your ID | | | | | | | | | |
| Preferred Name | | | | | | | | | |
| ID Number or Passport Number | | | | | | | | | |
| Date of Birth | | | | | | | | | |
| Gender | | | | | | | | | |
| Home Language | | | | | | | | | |
| Nationality | South African | | | Non South African | | | | | |
| Population Group (Required by DHET) | African | | White | | Indian | | Coloured | | |
| Residential Address | Name of complex if applicable: | | | | | | | | |
| | Street: | | | | | | | | |
| | Suburb: | | | | | | | | |
| | City: | | | | | | Code | | |



| | | | |
|---|-------------|------|--|
| Postal Address | Street/Box: | | |
| | Suburb: | | |
| | City: | Code | |
| Contact Details (w) (Including code) | Tel: | | |
| | Fax: | | |
| Contact Details (h) (Including Code) | Tel: | | |
| | Fax: | | |
| Cellular | | | |
| E-mail address | | | |

SECTION 2: TO BE COMPLETED BY ALL PROSPECTIVE STUDENTS

2. Programme Details:

| | | | | | |
|---|----------------------|----------------------|------|---------|--------------------|
| Required Programme of Study (Please indicate the qualification for which you are applying) | Doctor of Management | Master of Management | BCom | Diploma | Higher Certificate |
| | | | | | |
| Year of Registration | | | | | |
| Programme Name | | | | | |
| Company name or place of employment | | | | | |
| Application Date | | | | | |

SECTION 3: TO BE COMPLETED BY ALL PROSPECTIVE STUDENTS

3. Medical Details:

| | | | | | |
|---|-----------------|---------------|-----------------|----------------|--|
| Medical Aid | | | | | |
| Medical Aid Number | | | | | |
| Allergies | | | | | |
| Illnesses | | | | | |
| Disability (Required by DHET) Please | Physical | Visual | Learning | Hearing | |
| | Cerebral Palsy | Blindness | Dyslexia | Deafness | |



| | | | | |
|--|-------------------|----------------------|-------------|--------------------|
| indicate with a tick <input checked="" type="checkbox"/> | Paraplegic | Low Vision (Glasses) | ADD/ADHD | Partial Hearing |
| | Quadriplegic | Partially sighted | Dyscalculia | Use of hearing aid |
| | Impaired Mobility | Other: | | |
| Next of Kin | Name: | | | Tel (h): |
| | Relationship: | | | Cell: |

SECTION 4: TO BE COMPLETED BY ALL PROSPECTIVE STUDENTS FOR: DOCTORATE, MASTERS, BCOM, DIPLOMA, HIGHER CERTIFICATE.

4. Academic History:

4.1 Matriculation Information

| | |
|-----------------------------|--|
| School Matriculated | |
| Year Achieved | |
| Certificate Supplied | |
| University Exemption | |

4.2 Programmes previously completed at Da Vinci

| | |
|--------------------------------|--|
| Da Vinci Student Number | |
| Programme name | |
| Date completed | |
| Programme name | |
| Date completed | |
| Programme name | |
| Date completed | |



List the Academic Institutions attended since leaving school and the qualifications obtained or entered for. Please supply full details. If qualification is incomplete, please indicate expected date of completion. Applicants educated outside South Africa should apply through SAQA for a foreign qualification evaluation at www.saqa.org.za and submit the evaluation with their application. Note: it is a condition of enrolment for a Da Vinci programme that you are not presently registered at any other institution for another qualification.

| 4.3 Further Education Info: Academic Institutions | |
|---|--|
| 4.3.1 Currently Attending | |
| Institution | |
| Student number | |
| Year achieved.(If incomplete, indicate expected date of completion) | |
| Qualification | |
| 4.3.2 Previous Institutions | |
| Institution | |
| Student number | |
| Year achieved: (If incomplete, indicate expected date of completion) | |
| Qualification | |
| 4.3.3 Previous Institutions | |
| Institution | |
| Student number | |
| Year achieved: (If incomplete, indicate expected date of completion) | |



Please give details of employment and/or professional experience. *All history is required, as years of managerial experience are used for screening purposes.*

| SECTION 5: TO BE COMPLETED BY PROSPECTIVE STUDENTS | |
|--|--|
| 5. Career History: | |
| 5.1 Current Employment | |
| Employer | |
| Position | |
| Years in current position | |
| 5.2 Past Employment | |
| Employer | |
| Position | |
| Years in position | |
| 5.3 Past Employment | |
| Employer | |
| Position | |
| Years in position | |
| 5.4 Past Employment | |
| Employer | |
| Position | |
| Years in position | |
| SECTION 6: TO BE COMPLETED BY ALL PROSPECTIVE STUDENTS | |
| 6.1 English Language Competence: | |
| Please indicate English Language matriculation mark and grade achieved | |



| | |
|---|---|
| Have you been educated in an English speaking environment? | Yes / No If no, please list the formal English Language qualifications you have obtained and any that you are planning to take in the near future. Enclose certificates for qualifications obtained. English Qualification: _____ Result: _____ Date: _____ |
|---|---|

SECTION TO BE COMPLETED BY PROSPECTIVE BCOM STUDENTS ONLY

6.2 Mathematical Competence:

| | |
|--|--|
| Please indicate latest mark/grade achieved in Mathematics/Mathematical Literacy | |
|--|--|

SECTION 7: TO BE COMPLETED BY ALL PROSPECTIVE STUDENTS

7. Finance:

| | | | | | | |
|---|-------------|--|---------|--|-------|--|
| Person responsible for fees | Self: | | | | | |
| | Employer: | | | | | |
| | Scholarship | | Bursary | | Grant | |
| If through a scholarship/ Bursary / Grant, has it been obtained? | Yes | | No | | | |
| Name of Scholarship / Bursary / Grant | | | | | | |

References:

- 🌀 Doctorate and Master students require two referees' reports.
- 🌀 BCom students who do not comply with the following minimum requirements: English First language: 50%; English Second language: 60% and Mathematics: 50% (HG); Mathematics: 60% (SG), Maths Literacy: 70% are required to submit one referee report from referees that can attest to their character.



SECTION 8: REFERENCE

8.1 Referee 1

| | |
|-----------------|--|
| Name | |
| Position | |
| Tel/Cell | |
| E-mail | |

8.2 Referee 2

| | |
|-----------------|--|
| Name | |
| Position | |
| Tel/Cell | |
| E-mail | |

SECTION 9: ALL APPLICANTS MUST COMPLETE THIS SECTION.

9. Academic interests and purpose of study:

Please use this space to describe your special academic interests and your purpose and objective in undertaking this study. In your own words motivate your reasons for wanting to do this programme. Please also indicate what contribution you think you will be able to make to your Company / Organisation and society when graduating from the programme. Tell us what (in a business context) you are passionate about or interested in.



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TICK LIST OF DOCUMENTATION – TO BE COMPLETED BY STUDENT

| SECTION 10: TO BE COMPLETED BY ALL PROSPECTIVE STUDENTS | | | | | |
|---|---------------------------|----------------|-------------|---------------|------------------|
| Tick list of documentations | Higher Certificate | Diploma | BCom | Master | Doctorate |
| 1) A certified copy of your ID or Passport | | | | | |
| 2) A certified copy of your Matric Certificate | | | | | |
| 3) Certified Copies of all statements of results and / or qualifications Please exclude certificates of attendance | | | | | |
| 4) Proof of Payment of the non-refundable Application Fee | | | | | |
| 5) Referee's Reports (in sealed and signed envelope) | | | | | |

I hereby declare that the above information given is true, complete and correct.

Signed at _____ on _____ 20__



Signature _____

How did you hear about The Da Vinci Institute?

Referral

Publication

Social Media

Website

MEDIA RELEASE

Contents of Media Release

The Da Vinci Institute and its agents take photos, videos and make use of other medium (collectively known as "media") to record the activity of students/persons on the campus. This media may eventually be uploaded and used on social media platforms, for marketing purposes, and other uses involving the publication of the media.

The Da Vinci Institute will not be held liable for any harm or loss incurred by a student and/or his/her employer/sponsor which arises from the publication and use of the media as described above.

Accordingly, by completing the application form you give your consent to the Da Vinci Institute to use the above media of yourself, and indemnify the Da Vinci Institute from any and all harm or loss which may arise in the use or publication of the above described media.

| | |
|------------------|--|
| Name | |
| Surname | |
| Place | |
| Date | |
| Signature | |



CONSENT AND ACKNOWLEDGEMENTS IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT 2013 (POPI)

1. Introduction

The Protection of Personal Information Act (POPI) aims to give effect to the constitutional right to privacy by balancing the right to privacy against that of access to information. POPI requires that personal information pertaining to individuals be processed lawfully and in a reasonable manner that does not infringe on the right to privacy. This consent form sets out how personal information will be collected, used and protected by The Da Vinci Institute, as required by POPI. The use of the words "the individual" for the purposes of this document shall be a reference to any individual communicating with The Da Vinci Institute and/or concluding any agreement, registration or application, with the inclusion of each individual referred to or included in terms of such agreement, registration or application.

2. What is personal information?

The personal information that The Da Vinci Institute requires relates to -

- names and surnames;
- Photographs;
- CCTV footage;
- birth dates;
- identity numbers;
- passport numbers;
- demographic information;
- education information;
- bursary information sent to companies to award bursaries;
- occupational information;
- financial information;
- medical and health information;
- personal information of another person (references);
- addresses;
- memberships; and
- both personal, and work email, and contact details.



3. What is the purpose of the collection, use and disclosure (the processing) of personal information?

The Da Vinci Institute requires personal information to provide a service to the applicant, and is legally obligated to collect, use and disclose personal information for the purposes of:

- reporting skills development initiatives to the Department of Higher Education and Training;
- reporting enrolments and achievements of programmes to the South African Qualifications Authority;
- reporting on quality assurance functions to the Quality Council of Trades and Occupations;
- evaluating and processing applications for access to financial and other benefits;
- compiling statistics and other research reports;
- providing personalised communications;
- directed marketing related to the services already provided;
- complying with the law;
- Keep records in storage to ensure that a student can have access to their qualifications and history at the institution;
- and/or for a purpose that is ancillary to the above.

The Da Vinci Institute will not process personal information for a purpose other than those, which are identified above without obtaining consent to further processing beforehand.

4. What is 'processing'?

POPI provides that the term "processing" covers any operation or activity, whether or not by automatic means, concerning personal information, including collection, receipt, recording, organisation, collation, storage, retrieval, alteration, consultation or use; dissemination by means of transmission, distribution or making available in any other form; or merging, linking, as well as restriction, erasure or destruction of information.

5. How will the Da Vinci Institute process personal information?

The Da Vinci Institute will only collect personal information for the purpose as stated above. Information will be collected in the following manner:

- directly from the individual;



- from an agent, relative, employer, work colleague or other duly authorised representative who may seek or request our services;
- from education institutions, training providers, or other service providers that are providing or provided the individual with services;
- from our own records relating to our previous supply of services or responses to the individual's request for services; and/or
- from a relevant public or equivalent entity.

6. To whom will personal information be disclosed?

The personal information may be disclosed to other relevant public or other entities on whose behalf we act as intermediaries, other third parties referred to above in relation to the purpose or who are sources of personal information, service providers such as professional bodies and/or their agents who operate outside the borders of this country (trans-border flow of information) where personal information must be sent in order to provide the information and/or services and/or benefits requested or applied for. In the event of another party/ies acquiring all of, or a portion of The Da Vinci Institute's mandate or functions, personal information will be disclosed to that party but they will equally be obliged as we are, to protect personal information in terms of POPI.

7. Consent and Permission to process personal information:

- I hereby provide authorisation to The Da Vinci Institute to process the personal information provided for the purpose stated.
- I understand that withholding of or failure to disclose personal information will result in The Da Vinci Institute being unable to perform its functions and/or any services or benefits I may require from the Da Vinci Institute.
- Where I shared personal information of individuals other than myself with The Da Vinci Institute I hereby provide consent on their behalf to the collection, use and disclosure of their personal information in accordance with this consent provided and I warrant that I am authorised to give this consent on their behalf.
- To this end, I indemnify and hold The Da Vinci Institute harmless in respect of any claims by any other person on whose behalf I have consented, against The Da Vinci Institute should they claim that I was not so authorised.
- I understand that in terms of POPI and other laws of the country, there are instances where my express consent is not necessary in order to permit the processing of personal information, which may be related to police investigations, litigation, fulfilment of a legal obligation, or when personal information is publicly available.



I will not hold The Da Vinci Institute responsible for any improper or unauthorised use of personal information that is beyond its reasonable control.

| | |
|------------------|--|
| Name | |
| Surname | |
| Place | |
| Date | |
| Signature | |

| | |
|--|--|
| Consent by Parent / Guardian where the applicant is a minor | |
| Name | |
| Surname | |
| Place | |
| Date | |
| Signature | |

8. Rights regarding the processing of personal information:

- The individual may withdraw consent to the processing of personal information at any time, and should they wish to do so, must provide The Da Vinci Institute with reasonable notice to this effect. Please note that withdrawal of consent is still subject to the terms and conditions of any contract that is in place. Should the withdrawal of consent result in the interference of legal obligations, then such withdrawal will only be effective if The Da Vinci Institute agrees to same in writing. The Da Vinci Institute specifically draws to the attention that the withdrawal of consent may result in it being unable to provide the requested information and/or services and/or financial or other benefits. Further, please note that the revocation of consent is not retroactive and will not affect disclosure of personal information that has already been made.



- In order to withdraw consent, please contact the Information Officer at popi@davinci.ac.za
- Where personal information has changed in any respect, the individual is encouraged to notify The Da Vinci Institute so that our records may be updated. The Da Vinci Institute will largely rely on the individual to ensure that personal information is correct and accurate.
- The individual has the right to access their personal information that The Da Vinci Institute may have in its possession, and is entitled to request the identity of the third parties which have received and/or processed personal information for the original purpose of collection. Please note however, that any request in this regard may be declined if:
 - the information comes under legal privilege in the course of litigation,
 - the disclosure of personal information in the form that it is processed may result in the disclosure of confidential or proprietary information,
 - giving access may cause a third party to refuse to provide similar information to The Da Vinci Institute,
 - the information was collected in furtherance of an investigation or legal dispute, instituted or being contemplated,
 - the information as it is disclosed may result in the disclosure of another person's information,
 - the information contains an opinion about another person and that person has not consented, and/or
 - the disclosure is prohibited by law.

9. Requesting access and lodging of complaints:

- Please submit any requests for access to personal information in writing to The Da Vinci Institute's information officer at popi@davinci.ac.za
- With any request for access to personal information, The Da Vinci Institute will require the individual to provide personal information in order to verify identification and therefore the right to access the information.
- There may be a reasonable charge for providing copies of the information requested.
- If any request has not been addressed to satisfaction, a complaint may be lodged at the office of the Information Regulator.



| | |
|------------------|--|
| Name | |
| Surname | |
| Place | |
| Date | |
| Signature | |

| | |
|--|--|
| Consent by Parent / Guardian where the applicant is a minor | |
| Name | |
| Surname | |
| Place | |
| Date | |
| Signature | |