

iALA GAP YEAR APPLICATION FORM



- ✘ Two clear recent passport-size photographs
- ✘ A letter from the participant’s parent/guardian in which:
 - * the parent certifies that the participant meets the requirements; and
 - * the parent grants permission for the participant to participate in the program and commit to fully pay the fee for the proposed program.
- ✘ A certified copy of your Identity Document

Applications for admission to the iALA Program will be treated as strictly confidential

NO	DESCRIPTION OF FORM
1	BIOGRAPHICAL INFORMATION Complete all fields.
2	MEDICAL INFORMATION To be completed by applicant.
3	CONFIDENTIAL MEDICAL QUESTIONNAIRE To be completed by your GP and be sent directly to <i>iALA</i> .
4	CONFIDENTIAL TESTIMONIAL To be completed by a person of your choice and be sent directly to <i>iALA</i> .
5	MOTIVATIONAL LETTER To be completed by applicant motivating their personal expectations, as well as why they should be considered for the <i>iALA</i> program.
6	PERSONAL QUESTIONS TO STUDENT
7	CONTRACT Parent read thoroughly and sign.

FORM 1: BIOGRAPHICAL INFORMATION

PERSONAL INFORMATION OF THE STUDENT	
Surname	
Full names	
First names	
Street address	
Postal address	
Home telephone	
Cellphone	
Facebook ID	
Email address	
I.D. number	
Name of most recent school	
Number of children in family	
Where does the applicant fit in?	
Gender	
Price Package	<input type="checkbox"/> Option 1: R110 000 – 5 % Discount if fully paid before January 2019 <input type="checkbox"/> Option 2: R 110 000 paid in four payments (Deposit of R20 000 + 3 Payments (January, May and July) <input type="checkbox"/> Option 3: R 110 000 paid over 10 months (Deposit of R20 000 + 10 Payments (January to October) of R9675/month.

**CONTACT THE FOLLOWING PEOPLE IN CASE OF AN
EMERGENCY:**

	Contact 1	Contact 2
Surname		
First Name		
Relation to applicant		
Contact details and numbers	Home	
	Work	
	Fax	
	Cellphone	
	Email	

MEDICAL AID DETAILS		
Name of Medical Aid		
Membership number		
Full name and surname: Main member		
ID Number: Main member		
Membership number: Main member		
Main member's relation to applicant		
Expiration date of valid membership		
All contact numbers of Medical aid including Emergency contact numbers during the following times:	Normal office hours	
	Emergency Numbers	
	Emergency evacuation	
	Permission for	
Does the medical aid cover the cost of medicine?	Yes/No	
Does the medical aid cover hospitalization?	Yes/No	
Does the medical aid cover emergency evacuation?	Yes/No	
Medical Aid E-Mail Address:		

Any comments that you would like to add:



FORM 2: MEDICAL INFORMATION

This form should be completed by the applicant and be sent back with the medical Practitioners' form. The medical is for the purpose of the SCUBA (NAUI), SKIPPERS (SAMSA), hiking the FISHRIVER Canyon and CYCLING.

NAME:

NAME OF DOCTOR:

ADDRESS: **ADDRESS:**

.....

.....

.....

.....

.....

ID NR:

NEXT OF KIN:

.....

TEL NR:

PERSONAL MEDICAL HISTORY

Please answer ALL questions. Explain all YES answers in the space provided or on an additional sheet.

☒ Do you have any physical or health condition that requires special attention?

NO	YES
----	-----

(Specify)

☒ Do you have any history of emotional instability or psychological treatment?

NO	YES
----	-----

(Specify)

☒ Do you wear glasses or contact lenses?

NO	YES
----	-----

☒ Do you have any history of drug or alcohol use?

NO	YES
----	-----

(Specify)

✘ Have you visited a medical practitioner during the past 12 months?

NO YES

(Specify)

✘ Do you smoke? If yes, for how long and how many per day?

NO YES

(Specify)

✘ Did you have any sports injuries during the last 24 months?

NO YES

For example, back injury or pain, knee, shoulder, neck, shins, ligaments.
If so, how does this affect your ability to take part in physical activities?

How would you rate your level of fitness?

Excellent Good Okay
Bad

SPECIFIC CONDITIONS:

Do you suffer from any of the following? If yes, please explain in the space below.

CONDITION	YES	NO	CONDITION	YES	NO
Arthritis			Asthma / Hay fever		
Epilepsy			Cardiac conditions		
Hearing problems / middle ear/ eardrum			Partial loss of an arm, leg, foot, hand or fingers		
Hypertension			Presently pregnant (for scuba)		
Diabetes			Loss of a limb		
Lightheadedness/fainting			Kidney conditions		
Recreational drug usage			Any other condition or disability		

Details if YES:

FORM 3: CONFIDENTIAL MEDICAL QUESTIONNAIRE

TO BE COMPLETED BY THE DOCTOR DELIVER FORM 2 TO THE DOCTOR FOR BACKGROUND

APPLICANT	
NAME:	

Please send this form directly to:

J. Heenop Cellphone: 082 455 8745
P.O. Box 570 Fax: 086 766 3003
Stilbaai Email: jan@iala.co.za
6674

Blood pressure	
Heart rate (in rest)	
Weight	
Length	
Blood type	

	EXCELLENT	GOOD	OKAY	BAD
Visual ability (without glasses or contact lenses)				
Visual ability (with glasses or contact lenses)				
Hearing				

EYESIGHT EXAMINER'S REPORT: COLOUR DEFICIENCY TEST

NUMBER OF MISTAKES IN EACH LINE WITHOUT CORRECTIONS						NUMBER OF MISTAKES IN EACH LINE WITH CORRECTIONS				
EYE	3 RD LINE	4 TH LINE	5 TH LINE	6 TH LINE	7 TH LINE	3 RD LINE	4 TH LINE	5 TH LINE	6 TH LINE	7 TH LINE
LEFT										
RIGHT										
BOTH										

IN YOUR OPINION, WOULD THE CLIENT BE ABLE TO	YES	NO
Hike for 5 days, 20km per day?		
Scuba dive?		
Do you agree on the physical self-report of the client?		

Please provide any additional information which, in your opinion, **IALA** should have knowledge of. Any allergies?

FINAL FEEDBACK FROM PHYSICIAN:		
Accept without any limitations		Do not accept at all
Accept with limitations		Applicant requires medical and social support during the course of the year

DETAILS OF PHYSICIAN:			
Name			
Address			
Contact number			
May we contact you telephonically if need be?	Yes ! No !		
Signature		Date	

FORM 4: CONFIDENTIAL TESTIMONIAL
TO BE COMPLETED BY A CONFIDENTIAL REFERENT

APPLICANT	
NAME:	

This student is applying for the *i*ALA program. Please provide your name as confidential referent for assessment of character and personality.

Please send the completed form directly to the address below:

J. Heenop Cellphone: 082 455 8745
P.O. Box 570 Stilbaai 6674 Fax: Email 086 766 3003
jan@iala.co.za

REFERENT DETAILS	
Name	
Address	
Contact number	

MY RELATION TO THE APPLICANT IS:				
<input type="checkbox"/> Reverend/Pastor	<input type="checkbox"/> Teacher	<input type="checkbox"/> Family member	<input type="checkbox"/> Other, Specify:	

I HAVE KNOWN THE APPLICANT FOR _____ YEARS AND SEE OUR RELATIONSHIP AS:				
<input type="checkbox"/> Very close	<input type="checkbox"/> Relatively close	<input type="checkbox"/> Not that close	<input type="checkbox"/> Minimal	

CHARACTER PROFILE	EXCELLENT	GOOD	OKAY	BAD	DON'TKNOW
A pleasant personality					
Sense of responsibility					
Level of maturity					
Self-image					
Emotional stability					
Acceptance of discipline and tasks					
Reliability					
Honesty					
Adaptability					
Ability to join in group/team activities					
Self-discipline					
Fitness level an Physical					

ADDITIONAL COMMENTS:

WHICH ONE OF THE FOLLOWING BEST DESCRIBES THE APPLICANT'S PERSONALITY?					
Adult	Enthusiastic	Depressive	Emotional	Childish	

WHICH EXTREMELY STRONG PERSONALITY TRAITS DOES THE APPLICANT SHOW?

WOULD YOU RECOMMEND THAT THE APPLICANT BE ACCEPTED IN THE iALA 2018 PROGRAM?	
YES, (comments)	
NO, because	
NOT SURE, because	

REFERENT DETAILS		
May we contact you telephonically if need be?		
Signature		Date

FORM 5: MOTIVATIONAL LETTER

*Please tell us what you would like to achieve at **iALA** in 2019, what your expectations are for the program and why we need to accept your application:*

FORM 6 : PERSONAL QUESTIONS TO STUDENT

To be completed by the applicant

The questionnaire is used to establish a personal foundation in order to effectively manage the program.

- * Answer questions as complete as possible.
- * Answer questions on a separate paper.
- * Completed questionnaire must accompany Application form

PERSONAL INFORMATION

- * List all your current hobbies.
- * List all the sport that you participate in or would like to participate in!!
- * Briefly describe your religious views and practices, both past and current.
- * Briefly describe your educational background and your feelings about it!
- * What is your present state of health and your current fitness level?

SELF-EVALUATION

- * What do you like?
- * List the person, situations or activities you enjoy most.
- * What don't you like?
- * Describe your physical appearance and how you feel about it?
- * What would a person who knows you say, if asked to describe your bad points?
- * What would they say your good points are?

YOUR FUTURE

- * Describe in detail, your ultimate DREAM or VISION for your life?
- * How would you like to be!
- * How would your relationships be!
- * What personal qualities or ways of behavior would you need to develop more fully?
- * What is it that you still want to do?
- * What are your objectives for participating in the iALA program?
- * If at the end of your life you had an opportunity to evaluate it, how would your life have been for you to feel satisfied and complete?

OTHER

- * Which other activities or courses would you like to see added to the iALA program?
- * What activities, workshops or courses do you not feel comfortable with and why not?
- * Is there anything else that we need to know or that you feel you need to share with us?

FORM 7: CONTRACT

AGREEMENT

Entered into between:

**iALA Events (Pty) Ltd. represented herein by
JAN HEENOP
he being duly authorised hereto by the Members (referred to hereunder as “iALA”)
and**

(Full names of participant)

(Identity Number of participant)

duly assisted herein by his/her natural/legal guardian

(Full names of participant’s Guardian)

(Identity Number of participant’s Guardian)

of the following physical address:

(referred to hereunder as the “Applicant” and/or “Participant”)

Parent/Guardian:

Witness 1:

Witness 2:

1. PREAMBLE

- 1.1 iALA offers a bridging life skills and coaching program for young people comprising of the activities, excursions, courses and workshops specified in the iALA Syllabus.
- 1.2 The Applicant has applied to iALA for participation in the program to be presented in the..... year.
- 1.3 If the application is accepted the terms and conditions embodied in this document will constitute the contract between the parties and will be binding on them.

2. COMMENCEMENT

This contract comes into operation on the date on which iALA notifies the Participant by letter or e-mail that the Participant's application for admission has been accepted.

3. DUTIES AND COMMITMENT OF iALA

iALA shall:-

- 3.1 Provide the Participant with board and lodging for the duration of the program;
- 3.2 Secure the services of suitably instructors and facilitators to present the training modules and excursions included in the syllabus;
- 3.3 Provide transport to convey the Participant to venues where activities incidental to the program take place;
- 3.4 Use its best endeavors to equip the Participant with the life skills referred to in the syllabus and promote the personal growth, maturity and self-confidence of the Participant;
- 3.5 Endeavor to ensure that a minimum of eighty percent of the program schedule is available for the participant.

4. DUTIES AND COMMITMENT OF PARTICIPANT

The Participant shall:-

- 4.1 Apply and commit himself/herself diligently to acquiring the skills and knowledge offered by the training courses and program;
- 4.2 Co-operate fully with iALA management, the other participants, instructors and facilitators at all times;
- 4.3 Obey all reasonable instructions from staff, facilitators, instructors and team leaders;
- 4.4 Refrain from anything which is calculated to undermine the morale or sow dissension amongst participants or harm the reputation of iALA;
- 4.5 Engage with enthusiasm and commitment in the program and make every effort to promote an *esprit de corps* and team spirit among all Participants;
- 4.6 Obey and follow all the rules of iALA.

5. FEES

The Participant shall pay the program fee in the amount and in accordance with the payment plan fully set out in the cost schedule for 2018. No deviation from these rules will be permitted and all queries relating to fees must be in writing and sent to the Executive Head of iALA.

- 5.1 Application Fee. This fee is also the deposit of R20 000. On confirmation of selection the application fee is payable to confirm the applicants intention for taking part in the program.
- 5.2. Any student whose fees are in arrears, shall not be allowed to receive any qualifications and will not be allowed to complete the final phase of the year including the scuba diving and formal function.

6. EXTRA COSTS

The parties acknowledge the possibility that there may be extra costs including but not confined to –

- 6.1 Personal expenses, optional tours, extra tuition, socials, equipment, damages, special transport or additional courses and workshops;
- 6.2 Emergency expenses such as medical and hospital costs, ambulance or evacuation services or other
- 6.3 unforeseen items;

In the case of optional expenses as mentioned in 6.1 above details will be furnished to the participant in advance and if he or she agrees to such item the costs involved will be payable within fourteen (14) days. In the case of emergency expenses as set out in 6.2 the participant and his or her guardian irrevocably authorize iALA to disburse the amounts required when the need arises and these amounts will be refundable to iALA on demand.

- 6.4 Extra costs will be the selection of a mountain bike and the SPRINGBOK and or other animal as selected by the student during the hunt in the Kalahari. The voluntary career development at the University of Stellenbosch is an optional extra.

7. SURETYSHIP

The Participant’s guardian, the said hereby binds himself/herself as the surety and co-principal debtor in solidus with the participant for due and prompt payment of all amounts owing to iALA in terms of this agreement and for purposes of this Deed of Surety ship hereby renounces the benefits of excursion and division, debasement of accounts and any other legal exceptions which might otherwise have been available to the surety and he/she declares that he/she knows and understands the meaning and full force and effect of such benefits.

8. PREMATURE WITHDRAWAL

Should the participant voluntarily withdraw before the end of the program he/she will remain liable for payment for the full fees for the program. The Participant will however have the right in deserving cases to make representations to iALA for a partial refund and such representations will be considered on their merits. The decision of whether or not to make any refund will be in the sole and absolute discretion of iALA and should they decide to do so it will be on a purely ex gratia basis.

Parent/Guardian:

Witness 1:

Witness 2:

9. EXPULSION

Should the behavior of the participant during the program be disruptive or such as to undermine the success of the program or prejudice other participants, iALA will discuss such problems with the participant in a counseling session. If however this does not have the desired effect and should iALA be of the opinion that the behavior or demeanor of the participant is incompatible with the ideals of the program to such an extent that his or her further participation has become intolerable, IALA will be entitled to expel the participant. The provisions in clause 9 above regarding payment of the program fees and the possible refund of a portion thereof will apply mutatis mutandis.

10. DAMAGES

Should the participant cause damage to any of the iALA’s assets or property due to wrongful or unlawful conduct he or she will be liable to iALA to make good the loss.

11. INDEMNITY

Whilst every effort will be made to ensure the safety and well-being of the participants, the parties acknowledge that there is an element of risk in some of the modules and activities which forms part of the program. The Participant and his/her legal guardian indemnify iALA, its members and employees against any claims for loss of property, personal injuries, illness, death or accidents, which might occur during the program. The participant and his/her guardian acknowledges that he or she shall participate in all curriculum activities at his/her own risk.

12. SYLLABUS CHANGES

iALA reserves the right to change the program schedule or the facilitators as deemed necessary, to ensure the maximum value to the program and the participants. The parties acknowledge that the program schedule, courses and workshops are subject to availability, weather and time constraints.

13. SOUND RECORDINGS, VIDEO AND PHOTOGRAPHIC MATERIAL

The participant and his/her parents or guardian hereby consent to the use by iALA for promotional purposes of sound recordings, video and photographic material of the participant depicting his/her activities during the course and he/she will have no claim against iALA arising from the use of such material.

Parent/Guardian:

Witness 1:

Witness 2:

APPLICANT:

DATED at _____ on the _____ day of _____ .

AS WITNESSES

1.

2.

PARTICIPANT

(Duly assisted by his/her guardian)

LEGAL GUARDIAN

LEGAL GUARDIAN:

DATED at _____ on the _____ day of _____ .

AS WITNESSES

1.

2.

LEGAL GUARDIAN

(as Surety in terms of clause 7)

iALA Events (Pty) Ltd:

DATED at _____ on the _____ day of _____ .

AS WITNESSES

1.

2.

iALA Events (Pty) Ltd.

DECLARATION OF UNDERSTANDING: 2019

TO BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE PAYMENT OF FEES

PLEASE NOTE: The registration of the student will be incomplete in the event that this document is not signed by the responsible party or, in the event of the responsible person being a juristic person, its duly authorized agent. If the student is the person responsible for the payment of the fees, he/she should also complete this section.

I, the undersigned _____ Identity / Passport Number: _____

hereby undertake to pay the tuition fees for _____ (student name),
_____ (student number) for the year _____.

I acknowledge receipt of the **"FEES, RULES AND REGULATIONS 2018"**. I declare that I have read and understood the contents of the agreement and especially acknowledge that I understand that a new contract comes into operation for each academic year. I agree to abide by the regulations as outlined therein.

PAYMENTS

1. The once off payment offers a 10% discount. The fee for this is R100 000 with the full payment been made before the 31th of December 2018
2. Option two offers a deposit of R20 000 and 3 payments of R30 000 each scheduled for 31 January 2019, 31 May 2019 and 31 July 2019.
3. The third option offers a deposit of R20 000 and the balance over 10 months with 10 payments i.e. R9675/month.

EXTRAS

4. Optional career counseling @ R1900/student at the University of Stellenbosch. This took place in Stellenbosch during April.
5. The HUNT. The hunt is an EXTRA exclusive educational option for any student. The accommodation and logistics for the hunt in the Kalahari is offered at R3000/student. Springbok sells at R1000 each, Blesbok @R1500 each, Kudu at R3700 for a small kudu but R5600 for a large kudu. The Gemsbok is R6000 each. Students must understand that they will be coached on how to skin the animal. They will only be offered the opportunity to hunt if they take part in this process.

Account Details

iALA EDUCATE (Pty) Ltd.
First National Bank
Account Number: 62777932536
Ref.: iALA 2019 Initials and Surname

Please mail proof of payment

E-Mail: lydia@iala.co.za / jan@iala.co.za
Attention: Lydia / Jan

Entity responsible for payment: **Self** **Parents**

If parents are unable to pay full study fees immediately, please complete the Real Pay Debit Order Form. (Available on Request). If it is a company, please provide the following details for invoicing purposes:

Registered Name:

Company Address Details:
Postal Code

Company VAT Registration Number:

Contact Credentials of Creditors Department:

Contact Name:

Tel. Number:

Area Code:

Number:

This application, once approved, becomes a legal and binding agreement between the applicant and iALA Events (Pty) Ltd., which is irrevocable.

Signature of Candidate:

