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| **BCA logo finish**  **Black Conveyancers Association Training Academy (BTA)**  **Conveyancing Paralegal Course**  **APPLICATION FORM**     |  |  |  | | --- | --- | --- | | **COURSE VENUE (Please tick appropriate box)** | **Cape Town** | **Durban** | | **Johannesburg** | **Port Elizabeth** | | | | | | | | | | | | | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | |
| Surname | | |  | | | | | | | | | | | | | | | |
| Names (full names) | | |  | | | | | | | | | | | | | | | |
| Title (e.g. Mr, Ms, Dr) | | |  | | Date of Birth | | | | | |  | | | | | | | |
| Preferred name | | |  | | | | | | | | | | | | | | | |
| Identity Number | | |  | | | | | | | | | | Please attach a **certified copy** of your SA Identity Document | | | | | |
| Gender | | |  | Male | | | |  | | | Female | | | | |  |  | |
| Race ( \***For reporting purposes only)** | | | African | Asian | | | | Coloured | | | White | | | | | Other |
| **CONTACT DETAILS** | | | | | | | | | | | | | | | | | | |
| Residential address | | | | | Postal address | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | |
| Cellphone |  | | | | Landline | | | | |  | | | | | | | | |
| E-mail address |  | | | | | | | | | | | | | | | | | |
| Special needs, e.g. Visual / hearing / physical impairment or other. Please specify, with details. | | | | | | |  | | | | | | | | | | | |
| **EMPLOYER DETAILS** | | | | | | | | | | | | | | | | | | |
| Company name | |  | | | | | | | | | | | | | | | | |
| Company address | |  | | | | | | | | | | | | | | | | |
| Conveyancer/  Manager name | |  | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Cellphone |  | Landline |  | | E-mail address |  | | | | | | | | | | | | | | | | | | | | | |
| **LANGUAGE AND TYPING PROFICIENCY**. Please tick your proficiency in each of the lists below (Good, Average, Weak). | | | | | | | | | | | | | | | | | | |
|  | **Speak** | | | | **Read** | | | | | | | | | **Write** | | | | |
| First language |  | | | |  | | | | | | | | |  | | | | |
| Second language |  | | | |  | | | | | | | | |  | | | | |
| Other |  | | | |  | | | | | | | | |  | | | | |
| Typing skills | Good Average Weak | | | | | | | | | | | | | | | | | |
| **QUALIFICATIONS.** Please list only tertiary institutions and highest achieved qualifications. | | | | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **Year** | **Qualification** | **Tertiary Institution** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | | | | | | | | | | | | | | |
| **PROFESSIONAL/CAREER DEVELOPMENT** | | | | | | | | | | | | | | | | | | |
| What position do you currently hold? | | | | | | | | | | | | | | | | | | |
| Number of years in this position? Less than 5 years | | | | | | |  | | 5 – 10 years | | |  | | | More than 10 years | | |  |
|  | | | | | | |  | |  | | |  | | |  | | |  |
|  | | | | | | |  | |  | | |  | | |  | | |  |
| Please provide a short description of your responsibilities?   |  | | --- | |  | |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | |
| Have you attended any conveyancing/paralegal courses before? If so please stipulate the institute and your period of attendance:   |  |  | | --- | --- | | **Institute** | **Period** | |  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **MOTIVATION** | | | | | | | | | | | | | | | | | | |
| Why do you consider yourself a suitable candidate to partake in this training initiative?   |  | | --- | |  | |  | |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | |
| What are your expectations of this course and how it may benefit you professionally and personally?   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  |   ***How did your come to find out about the BCA Training course? Please tick the appropriate box.***   |  |  |  |  | | --- | --- | --- | --- | | BCA Member Firm | LexisDigest | The internet | A colleague |   Other (please provide details):  *I agree for this professional profile to be used by BTA for promotional, media and reporting purposes*. Please tick \_\_\_\_.  **PAYMENT METHOD**  **Payment by Electronic Funds Transfer** (EFT):  by Employer |  by Applicant Amount: R\_\_\_\_\_\_\_\_\_\_\_    **Option 1 Option 2 BCA Member Firm: Option 1 Option 2** | | | | | | | | | | | | | | | | | | |
| **TERMS AND CONDITIONS**  **ACCEPTANCE & CANCELLATION**   * Any registered applicant/or their employer who wishes to cancel must notify the BTA in writing, at least 5 (five) days prior to commencement of the course. Email to be sent to tasneem@ourbestpractice.co.za * BTA shall have the right in its sole discretion to postpone or cancel the course on the basis of insufficient demand. * In the event of cancellation, registered participants will be given reasonable written notification and course fees paid will be refunded.   **TERMS OF ENROLMENT**   * Non-attendance without reasonable cause may result in exclusion from the course. * Non-attendance will result in the participant being held liable for costs incurred following the participant’s exclusion from the course. * The BTA reserves the right to change timetables, course commencement dates, postpone or cancel tuition in any course/conference initially advertised and offered, on the basis of insufficient demand or on any other reasonable ground. * I accept that a certificate will be issued only if I comply with the attendance and payment requirements.   **PAYMENT POLICY**   * I agree that having registered for the **Conveyancing Paralegal Course**; I am liable for the full course fee. * Should full payment of course fees not be received by **16 September 2020, BTA** is entitled to, and will withhold the delivery and ownership of the Juta textbook as well as Certificate of Competency/Attendance of the participant. The participant will also not be allowed to graduate at the Graduation Ceremony.   **LEGAL DECLARATION OF INDEMNITY**  **I, THE APPLICANT,**   * Do hereby indemnify the BTA in respect of any damages caused by the applicant to the training premises or to the property of third parties, as a result of the applicant’s actions either whilst on the premises or whilst engaged in any activity related to the BTA. * Certify that the information provided in this form and all supporting documentation is accurate, complete and acknowledge that any false information may result in my course application and registration being rejected/denied. | | | | | | | | | | | | | | | | | | |
| **I hereby certify that the information provided in this application is accurate and complete in all respects. I confirm that I have read and undertaken the terms and conditions, and that I agree to be bound by them.** | | | | | | | | | | | | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Applicant** | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of signature** | | | | | | | | | | | | |

**Kindly return to:**

BTA Course Facilitator, **Tasneem Kanjee** Email: [tasneem@ourbestpractice.co.za](mailto:tasneem@ourbestpractice.co.za) / Fax 086 732 0613

For any further information, please contact Tasneem on 082 678 1185.

**Registrations Close: 18 March 2020**