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| <p>25 Reginald Avenue, Creston Hill</p> <p>info@enlighted.co.za</p> <p>065 910 5507 / 063 747 2488</p> <p>076 457 9601 / 064 815 4388</p> <p>Co Reg 2020/469308/07</p> |  | <p><a href="https://www.enlighted.co.za/">https://www.enlighted.co.za/</a></p> <p><a href="https://www.facebook.com/effectivelearning/">https://www.facebook.com/effectivelearning/</a></p> <p><a href="https://www.instagram.com/en.light.ed/">https://www.instagram.com/en.light.ed/</a></p> <p><a href="https://twitter.com/enLighted15">https://twitter.com/enLighted15</a></p> <p>VAT Reg No 4450301611</p> |
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## APPLICATION FORM

Please complete the application form below and submit it to [info@enlighted.co.za](mailto:info@enlighted.co.za)

In accordance with the Protection of Personal Information Act, all personal information collected via this form will only be used for application and registration purposes and will not be shared with any third party.

### Services Required

Please tick service/s required below

| Service  | Required | Complete the following sections    |
|--|----------|------------------------------------|
| G.A.P Certification INCLUDING Exams and Manuals - In class           |          | Section A, B(if under 18), C and D |
| G.A.P Certification INCLUDING Exams and Manuals - Online             |          | Section A, B(if under 18), C and D |
| G.A.P Certification including Manuals and EXCLUDING Exams - In class |          | Section A, B(if under 18), C and D |
| G.A.P Certification including Manuals and EXCLUDING Exams - Online   |          | Section A, B(if under 18), C and D |

### Platform

Please indicate which platform, if any, you are familiar with:

| Platform         | Yes/No |
|------------------|--------|
| Teams            |        |
| Zoom             |        |
| Google Classroom |        |

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### A. LEARNER DETAILS

Learner Full name and Surname (*as it appears in ID document*):

Preferred Name:

Gender:  Date of Birth:

Last grade completed:  Is Boarding required:

Start Date:  Citizenship:

ID / Birth Certificate / Passport number:

Learner Cell Number:  Learner Email:

Residential Address:

Postal Code:

If there are any special circumstances involving the applicant (e.g. ill health, physical disability, diagnosed learning problems, other handicaps or disabilities) please describe these briefly and send relevant reports with the application

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### B. PARENT / GUARDIAN DETAILS (IF UNDER 18)

Parent / Guardian Full Name:

Preferred Name:

Citizenship:

ID / Passport number:

Residential Address:

Postal Code:

Parent Cell Number:  Parent Email:

Alternative Number:  Alternative Email:

Occupation:

Employer / Business Name:

Business Address:

Postal Code:

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### C. ACCOUNT PAYMENT

Person responsible for payment. Full Name:

Citizenship:

ID / Passport number:

Residential Address:

  
  

Postal Code:

Cell Number:

Email:

Alternative Number:

Alternative Email:

Occupation:

Employer / Business Name:

Business Address:

  
  

Postal Code:

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### D. SUPPORTING DOCUMENTS

Please email copies of the following document to [info@enlighted.co.za](mailto:info@enlighted.co.za)

These documents are required for registration with the relevant examining bodies.

Photo of Learner  
Learner ID / Birth Certificate / Passport  
Parent / Guardian ID Document / Passport (if under 18)

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