

Application Form

FREE Advanced 5 Day Business Development programme.

The University of the Western Cape on behalf of the Department of Economic Development will be rolling out a 5 Day Business Development Programme covering the following areas; Customer care, Human resources, Operations management, Financial management and Marketing.

Course dates: 19,20,26 and 27 Feb and 5 March 2019.

Personal Details

Title	Mr, Ms, Miss, Dr, Prof, Eng. Etc.	
Full names		
Surname		
South African identity (ID) number		
Cell number		
Landline number		
Email address		
Physical address	Street	
	Suburb	
	City	
	Postal Code	

Gender (please mark with an X)	Male		Female	
	Black		White	
Racial Classification (please mark with an X)	Coloured		Indian	
	Other			

Existing Business Activities

Please inform us about the current profile (type) and status (registration number etc.) of your business:

Name of Business			
Core Business Activity			
Please choose appropriate industry (please mark with an X)	Hair cutting & Grooming		Professional Services



	Restaurant and food establishment	Repair services; automotive	
	Retail: clothing and accessories	Transport Services	
	Clothing Design & Tailoring	Retail: Hardware	
	Retail Other	Security Services	
	Manufacturing	Entertainment Services	
	Childcare services	Other	
	Cleaning services		
	Media & publications		
Number of years in existence			
Form of ownership	E.G. Private company, sole proprietor etc.		
Business Registration Details	Type		
	Registration Number		
Vat Reg. (If applicable)			
Physical Address where business is conducted	Street		
	Suburb		
	City		
	Postal Code		

Employment

Total no. of employees (excluding you as the business owner)	
No. of permanent, full-time employees	
No. of permanent, part-time employees	
No. of seasonal / temporary / contract workers	

Monthly Income & Annual Turnover

Please indicate your Average Monthly Income with an X

< R5,000	
R5,000 – R15,000	
R15,000 – R30,000	
Indicative Annual Turnover (R)	

Attachments

The following must be attached to your application:

- 1) A certified copy of your ID
- 2) A certified copy of your current BEE Certificate or Affidavit.

Terms & Conditions

The following terms and conditions apply when the applicant signs the application form:

1.1 The participant agrees to enter the Department's monitoring and evaluation programme, in which the participant agrees to disclose information such as, but not limited to, business information relating to:

- a) Employment count in the business;
- b) Sales and turnover information;
- c) Rand value of assets in the company;
- d) Other financial information;
- e) Information relating to its state of operations.

1.2 The participant agrees to allow the department to conduct site visits and take pictures of staff and production activities/operations at the business premises. The participant can be contacted for a period of 12 to 24 months after the intervention has taken place as part of monitoring and evaluation.

1.3 By signing this form the participant commits to attend the full duration of the course and agrees to comply with all terms and conditions as sets out in this form.

I (full name) _____ ID Number _____ as the
_____ (designation) of _____ (company name)

hereby agree to the above terms and conditions.

Signature: _____

Date: _____

Signed at: _____

Please send the completed application form and accompanying documents to:

Wendy Mehl

Tel: +27 021 959 - 9549

E mail: wmehl@uwc.ac.za