



New Student Enquiry Form

Please complete and submit with supporting documents

PERSONAL INFORMATION

Title:	<input type="checkbox"/> Prof.	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other: _____				
Surname:	<input type="text"/>									
Forenames	<input type="text"/>									
Maiden surname:	<input type="text"/>									
Date of birth :	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	Identity number:	<input type="text"/>
Nationality	<input type="text"/>						Disability:	<input type="text"/>		
Equity	<input type="checkbox"/> African	<input type="checkbox"/> Asian	<input type="checkbox"/> Coloured	<input type="checkbox"/> Indian	<input type="checkbox"/> White					
Home language:	<input type="text"/>						Certification language:	<input type="text"/>		

CONTACT INFORMATION

Home:	<input type="text"/>	Work:	<input type="text"/>
Fax:	<input type="text"/>	Cell phone:	<input type="text"/>
Alternative:	<input type="text"/>		
Email:	<input type="text"/>		
Alternative email:	<input type="text"/>		

ADDRESS INFORMATION

Physical address:	<input type="text"/>		
	<input type="text"/>		
Suburb	<input type="text"/>	Postal code	<input type="text"/>
City	<input type="text"/>	Province	<input type="text"/>
Country	<input type="text"/>		

EMPLOYMENT INFORMATION

Employer:

Position:

Skills development
provider (if applicable):

EDUCATIONAL INFORMATION

Year:	Highest qualification (for eg.: Grade 9,10,11 & 12; degree)	City	Postal code	Province
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Supporting documents to submit with this enquiry form:

- Certified copy of identity document
- Certified copy of school qualification (e.g. Grade 9, 10, 11 and 12)
- Certified copy of highest qualification and academic record
- Certified copy of marriage certificate (if applicable)
- Detailed CV

Please note: This enquiry form is not a registration form nor does it constitute admission to the Institute.

DECLARATION:

Answer the following questions. The applicant acknowledges that by submitting their application for processing they have (a) read, accepted and held themselves bound by the admissions policy and all other student policies which seek to uphold the core values of diligence, honesty and integrity of the Institute; and (b) accepted that they and the Institute are bound by these policies in processing their application for registration and admission.

	Yes	No
Have you ever been investigated and/or charged and/or convicted of any offence resulting from dishonesty, corruption, fraud, theft, perjury, misrepresentation and/or embezzlement?	<input type="checkbox"/>	<input type="checkbox"/>
Has your estate been provisionally or finally sequestrated in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
Have you at any time been a party to a scheme of arrangement or made any other form of compromise with your creditors?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been found guilty in disciplinary proceedings, by an employer or professional body, due to dishonest activities?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever previously or currently been barred from entry into any other professional body?	<input type="checkbox"/>	<input type="checkbox"/>
Have you, at any time, had civil judgements either against you and/or involving you, including as a third party?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently the subject of pending litigation and/or investigations in your professional capacity and /or conduct on the grounds of corruption, fraud, theft, embezzlement, perjury, and/ or misrepresentation, including those where you are a third party?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been removed from an office of trust, on the grounds of misconduct.	<input type="checkbox"/>	<input type="checkbox"/>

Have you been in the past or are you currently the subject of allegations in your professional capacity which may reasonably affect the integrity of the professional standards required of a Company Secretary, Governance Professional or Governance Practitioner, which allegations may include deceit, dishonesty, misconduct and/or deception?

Yes No

☐ ☐

If you have answered yes to any of the above, please provide the Institute with supporting documentation for further processing.

I, hereby, certify that my answers given to the above questions are true and correct.

Full name and surname:

Signature

Date:

 / /

THANK YOU FOR YOUR ENQUIRY



More Information :

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Chartered
Governance
Institute of
Southern Africa

www.chartgov.co.za