The Way
PURPOSE DIRECTION ADVENTURE

APPLICATION FORM

1. PERSONAL INFORMATION OF STUDENT

First Names (as per identity document)												
Surname												
Preferred Name												

Nationality	
Country of Birth	
Identity/Passport Number	
Date of Birth	
Race	
Age	
Gender	
Do you have any physical, mental, or sensory impairment that may require the training provider or host company to make reasonable accommodation to enable you to perform the essential duties of the Business Administration learnership? *(Disclosure is voluntary.)*	
Residential Address	
Postal Address (if different to above)	
Email Address	
Contact Number	

THE WAY
Impophomo, Registration Number 090-889 NPO,
195 Bellairs Drive, North Riding, 2197, P.O Box 1232 Northgate 2162,
Email: theway@impophomo.org.za Web: theway.impophomo.org.za

2. EDUCATION	
High School Education	
Name of High School	
Highest Grade Passed (to date)	
Year you passed this Grade	
Tertiary Education	
Name of Institution	
Diploma/Degree obtained	
Year you completed diploma/degree	

3. GENERAL INFORMATION	
Languages	
Home Language *(speak, read or write)*	
Second Language *(speak, read or write)*	

5. AGREEMENT

Agreement entered into by

IMPOPHOMO operating this program as **THE WAY**,

hereafter referred to as "**THE WAY**"
and
THE STUDENT

I, the undersigned,
Full name and surname of student: _____

Identity number: _____

Declare, Undertake and Agree to the following:

1. If I am accepted, I agree to follow the decision of the leadership and the full schedule of THE WAY program for the year.
2. To abide by the rules and regulations of THE WAY as set out in the Code of conduct.
3. To acquaint myself with the rules and regulations of THE WAY as well as all changes thereto, which might be applicable to the students and to the courses that I may be entering.
4. By submitting this application, I acknowledge and agree to **The Way's Authenticity & AI Policy**: Essays must be written by the student. The use of AI tools to generate content is prohibited, and submissions deemed to be AI-structured will be disqualified. Furthermore, I understand that an inability to express the same insight during the interview as presented in the essay will be viewed as evidence of AI-generated content, leading to the application's rejection.
5. To obey all reasonable instructions from staff, facilitators, instructors and other participants at all times.
6. I understand that THE WAY reserves the right to ask me to leave the program should the behavior of the STUDENT during the program be disruptive or such as to undermine the success of the program or prejudice other students.
7. I understand THE WAY reserves the right to change the program schedule or the facilitators as deemed necessary, to ensure the maximum value to the program and the students. The parties acknowledge that the program schedule, courses and workshops are subject to availability, weather and time constraints.
8. The STUDENT hereby consent to the use of sound recordings, video and photographic material of the STUDENT depicting his/her activities during the program for promotional purposes. The STUDENT will have no claim against THE WAY from the use of such material.
9. RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY

9.1 Disclaimer Clause:

I agree that THE WAY, their officers, pastors, employees, volunteers, and representatives are not responsible for any death, illness, injury, loss or damage of any kind sustained by any person or student while I am participating in the field trip and all related activities, caused in any manner whatsoever.

9.2 Description of Risk:

I acknowledge that I am aware of the possible risks, dangers and hazards associated participating in the life experiences and all related activities of the trip, including the possible risk of severe or fatal injury to others or myself. These risks include, but are not limited to:

9.2.1 TRAVEL: the risks associated with travel and all related activities including transport by public or private motor vehicles, buses, aircraft, etc.

9.2.2 WEATHER: any injury, illness, death, loss or damage resulting from exposure to weather elements; and/or

9.2.3 PHYSICAL: physical injuries such as muscular injuries, bruises, scrapes, cuts, sprains, dislocations, broken bones, and head, facial or dental injuries which might result from an accidental injury; illness resulting from food poisoning or parasites: and the possibilities of physical confrontations whether caused by myself or some other person or persons resulting in injuries and/or death. I accept and assume all such risks, dangers and hazards and the possibility of personal injury, death, permanent disability, property damage or loss resulting thereof.

9.3 Release of Liability, Waiver of Claims and Indemnity: In consideration of THE WAY allowing me to participate in the field trip and all related activities, I agree as follows;

9.3.1 TO WAIVE ANY AND ALL CLAIMS that I have or may have against THE WAY, and their members, officers, employees, students, agents and independent contractors as a result of my participation in the Field Trip and all related activities;

9.3.2 TO RELEASE THE WAY from any and all liability from any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the Field Trip and all related activities due to any cause whatsoever;

9.3.3 TO INDEMNIFY AND HOLD HARMLESS THE WAY from any and all liability for any damage, including consequential damages to the property of THE WAY, or personal injury to, any third party, resulting from my participation in the Field Trip and all related activities;

9.3.4 IN ENTERING INTO THIS AGREEMENT, I am not relying upon any oral or written representations or statements made by THE WAY other than what is set forth in this agreement.

10 By signing this agreement, the Student hereby grants express and informed **consent** to THE WAY (Impophomo NPO) and its contracted partners (**RitePath PTY Ltd** and **CareerBuild NPO**) to **collect, process, and store** their personal information, including the Special Personal Information contained herein, such as:

10.2 **Identity and Contact Details** (Name, ID number, Address, Contact number).

10.3 **Special Personal Information** (Race, Gender, and Voluntary Disability status).

10.4 **Third-Party Information** (Police Clearance Certificate details and Character Reference details).

- **The processing of this information is strictly for the following purposes:**
  - **Learnership Administration:** Enrolment, registration with the accredited Sector Education and Training Authority (SETA) and RitePath, and internal record-keeping.
  - **Safety and Welfare:** Planning for the program's physical activities and managing emergency situations.
  - **Compliance:** Meeting reporting obligations under the Employment Equity Act (EEA) and Skills Development Act (SDA).
  - **Programme Benefits:** Determining eligibility for stipends or other related learnership benefits.
  - The Student acknowledges that THE WAY will take reasonable steps to protect this information and will only retain it for as long as is necessary to fulfill the above-stated purposes, or as required by law.

6. ACKNOWLEDGEMENT OF STUDENT

I declare that I am

☐ Capable of entering into this agreement without assistance.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I have executed this agreement voluntarily, and that this agreement is to be binding upon my heirs, executors, administrators, representatives and myself.

Full Name and Surname of Student: _____

Identity/Passport Number: _____

Signature of Applicant: _____

In case of an emergency:

Contact Name: _____

Cellphone Number of Contact Person: _____

Relationship to Student: _____

In case of an emergency:

Contact Name: _____

Cellphone Number of Contact Person: _____

Relationship to Student: _____

Known Allergies (Optional/Voluntary) Please list any known food allergies (e.g., peanuts), environmental allergies (e.g., bee stings), or drug allergies:

_____

Current Medication (Optional/Voluntary) Please list any essential prescription medication the student is currently taking (e.g., insulin, asthma inhaler, chronic medication):

_____

Medical Aid Name (Optional/Voluntary) _____

Medical Aid Number (Optional/Voluntary) _____

Signed this day of_____, 20_____, at _____

Signature of witness 1: _____

Signature of witness 2: _____

DOCUMENTS REQUIRED	
Certified copy of Identity Document	
Matric certificate	
Character Reference Letter from Teacher/Pastor/Mentor	
Write a 200-300 word essay as to why The Way programme would be beneficial for you	

FOR OFFICE USE	
Date	
Year of Commencing	
Notes:	

THE WAY
Northpoint City Church, Registration Number 036-359 NPO,
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Contact Number: +27 11 462 5542 Email: theway@npcc.org.za Web: theway.npcc.org.za