



CHRISTIAN RESIDENCES FOR YOUNG WOMEN  
formerly Young Women's Christian Associations of Southern Africa

Cape Town Residence

20 Bellevue Street  
Gardens, 8001  
Email: [admin@theywct.co.za](mailto:admin@theywct.co.za)  
Website: [www.theywct.co.za](http://www.theywct.co.za)

Tel: (021) 423 3711  
Fax: 086 547 0714

## APPLICATION FORM

Completed application forms should be emailed to [admin@theywct.co.za](mailto:admin@theywct.co.za). Proof of payment of the application fee should be attached.

For enquiries you can contact: 021-423-3711 or [admin@theywct.co.za](mailto:admin@theywct.co.za)

More information can be found on our website: [www.theywct.co.za](http://www.theywct.co.za)

On acceptance of your application you will need to supply The YW with:

1. A signed copy of the Residence Rules.
2. The YW's Medical Form completed by your family doctor.
3. A testimonial from the student's school principal.
4. A personal reference from the student's pastor and/or family friend.

Dates applying for	
<b>Student's Details:</b>	
Full name	
ID Number	
Date of birth	
Residential Address	
Postal Address	
Cell Phone Number	
Email Address	
Place of Study	

Course Name			
Area of Study			
<b>For working ladies, please give the following information:</b>			
Name of Company			
Work Address			
Work Telephone Number			
Work Email Address			
<b>Medical Details:</b>			
Name of family doctor			
Doctor's contact number			
Medical Aid			
Medical Plan			
Medical Aid Number			
Have you any pre-existing medical or psychological disability?	YES	NO	
Details			
<b>Parent or Legal Guardian's Details:</b>			
Full Name			
I.D. Number			
Postal Address			
Telephone Numbers	Home		
	Work		
	Cell		
Email Address			

Details of person responsible for the account (if this is not the parent or legal guardian):		
Full Name		
ID Number		
Postal Address		
Telephone Numbers	Home	
	Work	
	Cell	
Email Address		

Student Declaration:

I ..... have read, understand and accept the rules and conditions of The YW and with my signature below I acknowledge that they are binding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Declaration:

I ..... have read, understand and accept the rules and conditions of The YW and with my signature below I acknowledge that they are binding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_