



Cape Town

Christian Residence for Young Women

APPLICATION FORMS - 2017

Application for admission should be made to:-

<p>The Manager The YW 20 Bellevue Street Gardens Cape Town, 8001.</p>	<p>Telephone Number: 021 423 3711 Fax Number: 086 547 0714 Email: ywct@telkomsa.net Web Page: www.theyw.co.za</p>
<ul style="list-style-type: none"> ➤ Terms and Conditions ➤ Application Form ➤ Medical Certificate from your family doctor ➤ Copy of Identity Document / Passport ➤ A Testimonial Form from her School Principal ➤ A personal reference from your Pastor and/or family friend 	

YW Application Form	
<u>Resident Details</u> Full Name	.....
Date of Birth	.....
Residential Address	...............
Postal Address	.....
Cell Phone Number	.....

Email Address	.....
College Attending	.....
Course Studying	.....
If working, please give details of employer: Name	.....
Address	.....
Telephone Number	.....
Email Address	.....
Name of Doctor & Telephone Number	..........
Medical Aid Details	..........
Have you any medical or psychological disability? Medical certificate to be completed.	.....
<u>Parent Details</u> Full Name	.....
I.D. Number	.....
Postal Address	..........
Telephone Number(s)	Home..... Work..... Mobile.....
Email Address	.....

Person responsible for the payment of residence fees (complete only if responsible person is other than the parents): Name and I.D. Number	..... .....
Residential Address	..... .....
Postal Address	.....
Telephone Number(s)	Home..... Work..... Mobile.....
Email Address	.....
Those on bursaries for residence fees are to provide a letter from the institution.	

I (parent) have read and understand the rules and conditions of the YW and on my signature I acknowledge that they are binding.

Signed at this.....day of 20.....

Parent's signature

Witness Name:.....Signature:.....

I (student/resident) have read and understand the rules and conditions of the YW and on my signature I acknowledge that they are binding.

Signed at thisday of 20.....

Student's signature.....

Witness Name:Signature:.....