**Application for admission: Higher Certificate in Management Practice (HCMP)**

**Please read the accompanying notes before completing this form. An incomplete application form may result in a delay with your application.**

Fill in all sections and return by email to: [UG.admissions@henleysa.ac.za](mailto:UG.admissions@henleysa.ac.za)

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| Section 1 Programme details | |
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| **1.1** Please select your preferred campus | Paulshof, Johannesburg  Online (via Zoom) |
| **1.2** Date of intended entry | Month and Year: |
| **1.3** Have you ever applied for or completed another programme at Henley Business School?  Yes  No | |
| **1.4**  If yes, please provide details including your Henley student number: | |
| **1.5** Are you currently enrolled at another  institution?  Yes  No | If you are currently enrolled at another institution, please provide:  **1.6** Name of institution:  **1.7** Qualification/Programme:  **1.8** Expected completion date: |

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| Section 2 Personal details | |
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| **2.1** Title (Mr/Mrs/Ms/Miss/other) |  |
| **2.2** Surname (Family name) |  |
| **2.3** Forenames (in full) |  |
| **2.4** Preferred name |  |
| **2.5** Gender (male/female) |  |
| **2.6** Date of birth (dd/mm/yyyy) |  |
| **2.7** Race (A/C/I/W) |  |
| **2.8** SA ID or Passport Number |  |
| **2.9** Nationality |  |
| **2.10** Country of permanent residence |  |
| **2.11** Please specify if you have any special dietary needs or allergies |  |

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| Section 3 Contact details | |
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| **3.1** Home address |  |
| **3.2**  Country |  |
| **3.3**  Postcode |  |
| **3.4** Telephone |  |
| **3.5** Mobile |  |
| **3.6** Email |  |

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| Section 4 Current employment | |
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| **4.1**  Present job title |  |
| **4.2**  Date appointed |  |
| **4.3** Employer |  |
| **4.4** Address |  |
| **4.5** Telephone |  |
| **4.6** Email |  |
| **4.7**  Nature of employer’s business  or activity |  |
| **4.8** Gross annual salary (R) |  |

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| Section 5: Work experience | |
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| Tell us more about your work experience in not more than **400 words**. Please include a description of your core activities. Below are some prompt questions to guide you:  What is your experience in working as part of a team? How do you motivate yourself and others? How does your role fit into the operations of the business? How do you identify your own developmental needs? How have you been involved in working on any projects? How do you tackle any problems that you identify – this may be work or personal? | |

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| Section 6 Educational qualifications |

| Qualification | Class or grade | Subjects passed | Institution | Graduation date |
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| Section 7 Personal statement |
| In support of your application please explain how you believe you will benefit from the programme and state your career objectives by giving a frank expression of your strengths and weaknesses. You are expected to write **600–700 words**.  Please continue on an extra page if required. |
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| Section 8 Reference |

Please state the name and contact details of one referee for this application:

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| Referee’s name |  |
| Position |  |
| Address |  |
| Telephone |  |
| Email |  |

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| Section 9 Other details |

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| **9.1** What is your preferred Email Address for correspondence?  (Please notify the Admissions Office immediately if your preferred Email Address changes) | | Home  Work |
| **9.2** Has your employer given support to this application?   Yes  No  Not applicable | | |
| **9.3** Please indicate who will be responsible for your fees:   Yourself  Your company  Shared | | |
| **9.4** Percentage split (if shared): | You % | Your company % |
| **9.5** Do you wish your company to be invoiced?   Yes  No | | |
| **9.6** Company contact name, telephone number and address for invoice (if applicable) |  | |
| **9.7** Purchase order number  (if required) |  | |

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| Section 10 English Language proficiency |

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| **10.1** Is English your first language, or was English the medium of instruction for your previous qualification?   Yes  No | |
| **10.2** If no, please provide details of English language tests taken, along with scores obtained and date test was taken: |  |

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| Section 11 Disability |

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| **11.1** Do you have a disability that may affect your learning?   Yes  No | |
| **11.2** If yes, please indicate the nature of your disability | Blind/Partially-sighted  Deaf/hearing impairment  Wheelchair user/mobile difficulties  Personal care support  Mental health difficulties  Unseen disability, e.g. diabetes, epilepsy, etc.  Autistic Spectrum Disorder  A learning difficulty, e.g. dyslexia  Multiple disabilities (specify below)  A disability not listed above (specify below) |
| **11.3** Further details of disabilities (if any) |  |

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| Section 12 Next of kin details |

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| **12.1** Full Name: |  | |
| **12.2**  Relationship: |  | |
| **12.3** Contact details: | Email: | Mobile: |

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| Section 13 Marketing information |

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| **13.1** We would like to send you information about other Henley Business School and University of Reading activities and programmes. Please indicate whether you are happy to receive such information:   Yes  No | |
| **13.2** Please indicate the main source of information which prompted you to apply for this programme: | Recommended by current/former Henley student  Recommended by company contact  Information session. Location:  Advertisement. Location:  Henley Business School website  Other. Please state: |
| **13.3** Have you attended a Henley information seminar?   Yes  No | |
| **13.4**  If yes, what was the location of the seminar?   At Henley  Elsewhere; Location: | |

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| Section 14 Declaration |

I declare that the information given on this form is true, complete and accurate and that no information requested,   
or other material, has been omitted.

If any of the information on your application form is found to be false, it may lead to your withdrawal from the School.

**Please note**: The personal information you have supplied by applying to us will be used to help us respond to future enquiries, for quality assurance and for data analytics purposes. Your personal data will not be shared with any organisations outside Henley Business School apart from those that help us to provide this service or unless required by law. The information you have provided will be treated in accordance with the Protection of Personal Information Act (POPI Act), 2013 and the Promotion of Access to Information Act, 2000.

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| Signature |  |
| Date |  |

If submitting this form electronically, please type your name and the date. Your accompanying email will be taken as your agreement with the declaration.

Application checklist

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| **Programme applied for** |  |

**Please complete this application checklist to remind you which documents should be enclosed with your application. If any of the documents requested are missing, there may be a delay in the processing of your application.**

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| Application form |
| Enclosed |

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| Certified copies of your ID (or Passport if non-SA) |
| **Please also include English translation, if applicable.** |
| Enclosed |

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| Certified copies of educational certificates |
| **Please also include English translation, if applicable.** |
| Enclosed |

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| Full transcript of your educational qualifications, including any uncompleted qualifications |
| **Please also include English translation, if applicable.** |
| Enclosed |

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| Current curriculum vitae |
| Enclosed |

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| Reference | |
| Enclosed | |
| Or will be sent by (dd/mm/yyyy) |  |