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Paste your ID  
 photo here

## Arts and Culture Development Programme 2017

# Visual Art APPLICATION FORM

All information submitted will be treated with the utmost confidentiality.

### Student Details

1. Identity Number:
2. Date of Birth:
3. Surname: \_\_\_\_\_
4. First Names: \_\_\_\_\_
5. Physical Address: \_\_\_\_\_  
 \_\_\_\_\_
6. Postal Address: \_\_\_\_\_  
 \_\_\_\_\_
7. Email Address: \_\_\_\_\_
8. Contact Numbers:  
 Home:                
 Cell:                
 Relative:               Relation: \_\_\_\_\_  
 Neighbour:
9. Gender:  M  F
10. Race:  Black  Coloured  
 Indian  White  Other (Specify): \_\_\_\_\_
11. Disability/Illness:  Yes (Specify): \_\_\_\_\_  
 No

12. Language(s): \_\_\_\_\_

13. Have you ever:

- a. used a computer before?      Yes  No
- b. typed a document on a computer?      Yes  No
- c. used the internet?      Yes  No

14. Do you belong to any Cultural or Community organisation?  Yes  No

Name of organisation and where it is situated:

\_\_\_\_\_

\_\_\_\_\_

15. Contact Person's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

16. What are your responsibilities in the above mentioned organisation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Name of the Ward Councillor responsible for Community Development:

\_\_\_\_\_

Contact Numbers:                       |         
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18. What medium do you specialise in?

- Drawing
- Painting
- Sculpture
- Ceramics

Other: \_\_\_\_\_

19. Have you ever been involved in a school project or entered a music competition before?

Yes  No

Where \_\_\_\_\_

When \_\_\_\_\_

20. Do you have any previous artistic training?  Yes  No

When/Where/In What? \_\_\_\_\_

21. How do you hope to benefit from this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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22. How could this program help you in your organisation/community?

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23. Please ask an official of your organisation, professional artist or any person who can give a recommendation for you in writing on the organisations letterhead with necessary contact information.

Name of the Official: \_\_\_\_\_

Position in Organisation: \_\_\_\_\_

Contact Numbers: 


24. Write something about yourself. Use all the space

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25. If you are accepted for into the Program, how will you pay for your transport fare as there will be no transport allowance?

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26. Who do you live with? \_\_\_\_\_

27. Does any one work within your household? \_\_\_\_ If yes, will this person be able to assist with your transport fare? \_\_\_\_\_

Please provide us with the details of that person:

Name: \_\_\_\_\_  
 Cell phone no.: \_\_\_\_\_

Please note that an inability to attend at least 90 % of classes will result in students not completing the course, which means that they will not receive certificates or letters of reference from the BAT Centre.

I, (full names as on ID Document) \_\_\_\_\_ do hereby declare that all the information submitted in this application form is true.

\_\_\_\_\_  
 Signature / \_\_\_\_\_ /2017

\_\_\_\_\_  
 Witness / \_\_\_\_\_ /2017

Closing Date: 24 February 2017

Please attach the documents listed below:

For Office Use

Requirement	Yes	No	Date	Passed by
ID Document				
Ed Certificates and Refs				
Curriculum Vitae				
Recommendation from Community. Organisation				
Artistic Portfolio				
Character Reference from Teacher/ Priest or other upstanding member of the community				
Registration Fee of R1200				

Applicant Accepted	Applicant Declined

Programs Manager: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ /2017