



## CERTIFICATE IN ENTREPRENEURSHIP APPLICATION FORM

Please complete this Application Form and send the form back to the Registrar:  
Dr. Hanri de la Harpe at [info@equilibriaschool.co.za](mailto:info@equilibriaschool.co.za).

PERSONAL DETAILS OF APPLICANT			
Full names and surname			
First name			
Date of birth	Day:	Month:	Year:
Age	Gender	MALE	FEMALE
Home language			
Cell phone number			
Home telephone number			
Student's email address			
Home address			

APPLICANT'S SCHOOL INFORMATION		
Name of last / current high school		
Are you currently at school?	YES	NO
Applicant's average percentage achieved in GRADE 11 or 12		

### **Selection Questionnaire:**

Students who apply for the course need to demonstrate a certain level of entrepreneurial abilities to be successful in the course. Kindly complete the attached ENTREPRENEURSHIP APTITUDES TEST and email it with this Application Form to [info@equilibriaschool.co.za](mailto:info@equilibriaschool.co.za).

We will let you know as soon as possible whether you have been selected for the course.