UNIVERSITY OF KWAZULU-NATAL, DURBAN SCHOOL OF SOCIAL WORK AND COMMUNITY DEVELOPMENT

COMMUNITY DEVELOPMENT PROGRAMME

SCHOOL APPLICATION FORM FOR 2010 ENROLMENT

Name (in full, surname first)				
Date of Birth				
Postal Address				
			Postal code:	
Contact phone numbers				
Work:	Home:	e-mail:		
Cell: Fax:				
Course applied for				
Postgraduate Diploma in Community Development				
Bachelor of Community and Development Studies (Honours)				
Master of Social Science (Community Development)				
Doctoral Thesis				
Existing qualifications			Year	

Work experience (including current job)		Year	
Any other relevant part-time or volun	tary work	Year	
Names and phone numbers of two re	eferees	Phone No.	
Why I wish to study this course			
Date:	Signature:		
School of Social Work and Communi Community Development Programm University of KwaZulu-Natal, Howard Durban 4041	e, Shepstone Building, Level 7, Rm C7	10	
Phone: (031) 260-2340 Contact person: Kogan Naicker	Fax: (031) 260-3727 e-Mail: <u>Naickerk14@ukzn.ac.za</u>		

Please attach the following documents together with your application forms:

- Matric certificate
- Copy of Identity Document
- Academic Records
- Copy of receipt (application fee)
- CV

NB. All documents must be certified.