

ACADEMY OF COMPUTER SCIENCE AND SOFTWARE ENGINEERING **CERTIFICATE IN CYBER SECURITY APPLICATION FORM – 2018**

Consent to collect and process personal information:
 I, the undersigned applicant, hereby consent to the collection and processing of my personal information for
the purpose of processing this application form and all relevant administrative and governance purpose
relating thereto. I/we confirm that the personal information supplied is true and accurate and that I/w
acknowledge that it is adequate, relevant and not excessive.
Have you previously studied at UJ? If yes, please provide your student number
Please complete ALL the details as requested in the form below.
1. Personal Details:
Title Initials Surname
Cell phone Work Number
E – mail
Postal address Code
Current job Employer
2. Admission Requirements:
A certified copy of ID
A certified matric certificate or equivalent qualification.
Practical experience in the Cyber Security industry.
A confirmation letter from employer clearly stating Cyber Security work experience.
3. Who will be financing your studies?
Self: Employer: (In case of employer, please supply contact details)
Name: Contact number:
4. Short description of your Cyber Security experience:

5. Application Agreement 2018

- 1. I/we hereby consent to the collection and processing of my/our personal information as stated on Page 1 of this application form.
- 2. I/we understand that this document in no way whatsoever constitutes a registration form and/or agreement with UJ and that, upon the applicant's application being successful, the applicant will have to complete and sign a registration form incorporating the student agreement.
- 3. I/we confirm that the signature(s) on this application form is/are my/our own and that UJ may accept this/these signature(s) as being my/our true signature(s). I/we understand and acknowledge that it is in the discretion of the UJ not to process this application if the application contains any false or misleading information or signatures.

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ALL APPLICANTS TO COMPLETE AN	D SIGN.		
Note: The applicant consents to personal in	formation being utilised for go	vernment and Univers	ity statistical purposes.
I hereby declare that this information is c	orrect:		
Initials and surname of applicant (name in print)	Signature of applicant	Date:	