

**UBUNTU
SOCIAL DEVELOPMENT
INSTITUTE

(U S D I)**

**APPLICATION FOR ADMISSION

FORM A**

Wilgespruit Fellowship Centre
P.O. Box 5065
Horison
1730
Transvaal
South Africa

Phone: (011) 763-1270
766-1243
763-2650

UBUNTU SOCIAL DEVELOPMENT INSTITUTE SOCIAL DEVELOPMENT CERTIFICATE PROGRAMME GENERAL INFORMATION FOR APPLICANTS

ADMISSION PRE-REQUISITES

1. A minimum of 1 year of work experience related to social and economic development.
2. A working knowledge of English – spoken and written.
3. A signed commitment to return to organisation/community constituency of origin upon completion of the Certificate Programme.

Preference will be given to candidates employed with voluntary organisations and service agencies which are primarily concerned with people-based development programmes.

GUIDELINES

Applicant should indicate clearly on the Programme application form the following information (Use insert if necessary):

1. Educational background and professional training.
2. Professional and work experience.
3. Current or prospective employer or project.
4. Anticipated source of funding for each programme cost, e.g. employer, personal, scholarship, etc.
5. Completion of Programme Application form with two attached photographs must be sent to the Administrative Co-ordinator.
6. Applicants are responsible for asking referees to send references on approved form to the Administrative Co-ordinator.

NOTE:

One year after completion of the Certificate Programme, scholarship recipients are expected to provide the Ubuntu Social Development Institute with a report on their work activities.

UBUNTU SOCIAL DEVELOPMENT INSTITUTE APPLICATION FORM

APPLICATION FOR SOCIAL DEVELOPMENT CERTIFICATE PROGRAMME 19

To be completed in English:

1. NAME IN FULL:
(please print)

2. POSTAL ADDRESS:
.....
PHONE NUMBER:

3. DATE, YEAR AND COUNTRY OF BIRTH:
(day) (month) (year) (Country)

4. NOW A CITIZEN OF:

5. SINGLE: MARRIED: OTHER: NUMBER OF CHILDREN:

6. KNOWLEDGE OF THE ENGLISH LANGUAGE:	Excellent	Good	Fair	Poor
Speak	.....	.....	.....	.....
Read	.....	.....	.....	.....
Write	.....	.....	.....	.....

7. WHAT OTHER LANGUAGES DO YOU KNOW:

8. SCHOOLING:	How many years?	Where?	Certificates, Diplomas, or Degrees granted.
(a) Elementary	.....	.....	.....
(b) Secondary or High School	.....	.....	.....
(c) University	.....	.....	.....
(d) Other training	.....	.....	.....

GIVE FULL DETAILS OF (d) IN SPACE BELOW:

.....

.....

.....

.....

.....

GIVE AN EXPANDED DESCRIPTION OF YOUR INVOLVEMENT IN COMMUNITY PROGRAMMES, PROJECTS AND/OR WORK ACTIVITY DURING THE PAST YEAR:

.....
.....
.....
.....
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.....

WHAT WOULD YOU CONSIDER THE MOST INTERESTING/SIGNIFICANT ASPECT OF YOUR WORK EXPERIENCE IN THE PAST THREE YEARS:

.....
.....
.....
.....
.....
.....
.....
.....

10. COSTS

If you are accepted for admission who will pay:

- (a) Fees
- (b) Travel Costs
- (c) Personal Allowance
- (d) Family's living expenses at home

- 11. In your own handwriting and on a separate page, state briefly:
 - (a) what are the principal problems faced by the people in your area?
 - (b) After the USDI programme, in what way do you see yourself contributing to the solution of these problems?

- 12. List the names of three referees and ask each of them to complete one of the enclosed forms and send it directly to the Administrative Co-ordinator.

ONE OF THE REFEREES MUST BE THE DIRECTOR OF YOUR EMPLOYING AGENCY.

NAME: POSITION:

ADDRESS:

..... TELEPHONE:

NAME: POSITION:

ADDRESS:

..... TELEPHONE:

NAME: POSITION:

ADDRESS:

..... TELEPHONE:

- 13. RECOMMENDATION OF THE ORGANISATION EMPLOYING THE APPLICANT:

(a) NAME OF APPLICANT: is currently working in PROGRAMME/PROJECT

NAME OF ORGANISATION:

TELEPHONE:

*(b) When (NAME OF APPLICANT) returns from the Ubuntu Social Development Institute, he/she will continue to be employed by my organisation as (POSITION):

*(c) When (NAME OF APPLICANT) returns from the Ubuntu Social Development Institute, (NAME OF ORGANISATION) will expect and welcome his/her continued work as a volunteer worker.

- 14. Upon completion of the USDI Certificate, I, (NAME): agree to work with (ORGANISATION): as described in 13(b) or (c) for at least one year.

The foregoing is correct to the best of my knowledge.

.....
SIGNATURE OF APPLICANT

WITNESS

.....

DATE:

* 13(b) or (c) according to whether you are full-time or volunteer in development work.

WRITE ON THIS PAGE

**UBUNTU
SOCIAL DEVELOPMENT
INSTITUTE**

(U S D I)

FORM B

APPLICATION FOR A SCHOLARSHIP

Wilgespruit Fellowship Centre
P.O. Box 5065
Horison
1730
Transvaal
South Africa

Phone: (011) 763-1270
766-1243
763-2650

**Ubuntu Social Development Institute
(USDI)**

**CONDITIONS GOVERNING THE AWARD
OF A SCHOLARSHIP**

Information

Please read this section carefully to ensure that you and your sponsoring organisation are fully aware of the conditions governing the award of a scholarship.

1. In all cases any person applying for the scholarship must appear personally for an interview prior to the endorsement of the application by a representative of the recruitment committee.
2. A scholarship covers tuition, board and lodging, books and travel needs.
3. A minimum of R500 is necessary for pocket expenses whilst the applicant is studying, and is the responsibility of the applicant and/or the organisation sponsoring the applicant.
4. The applicant himself and/or the organisation sponsoring the applicant is responsible for finding expenses at home (such as salary) for the applicant whilst the applicant is studying for the period of 6 months.
5. The completion of this form does not confirm that the applicant is selected for the certificate course. USDI reserves the right to make the FINAL selection.
6. After the candidate has filled in this form, the recruitment committee will review and endorse the suitability of the applicant.
7. The Institute will then provide the candidate with an enrolment form which must be completed before final selection.
8. The applicant must provide the names and addresses of three acceptable references, one of whom should be the sponsoring organisation.
9. Applicants coming from organisations and projects involved in development work and supported by these organisations or projects are likely to receive priority. In such cases it is imperative that the applicant return to his/her organisation on completion of course.

I,, applicant for a scholarship,

agree to return to
at the end of my study course at USDI.

SIGNATURE OF APPLICANT DATE:

Address:

.....

..... Telephone:

(d) I,, director of the programme/project

described in paragraph (c), give the assurance that
(name of candidate)

..... will be employed in the programme/project herein
described, immediately after he finishes the training programme at USDI.

NAME OF DIRECTOR (printed):

SIGNATURE OF DIRECTOR DATE:

Address:

.....

..... Telephone:

UBUNTU SOCIAL DEVELOPMENT INSTITUTE (USDI)

CONFIDENTIAL REPORT ON APPLICANT

NAME:

How long and in what connection have you known the applicant?

.....

Underline the applicant's rating on each of the following qualities:

	Brilliant	Alert	Average	Slow	Dull	No opportunity to judge
Intelligence						
Industry	Enthusiastic worker	Persistent	Usually faithful to assigned tasks	Does enough to get by	Lazy	
Integrity	Completely trustworthy		Usually dependable	Cannot be relied upon		
Initiative	Exceptional		Average	Little		
Oral Expression	Exceptionally competent	Above average	Average	Below average		
Written Expression	Exceptionally competent	Above average	Average	Below average		
Leadership	Inspiring leader Accepts full responsibility		Assumes responsibility if others take initiative	Ingrown isolated personality	Anti-social	
Judgement	Good		Average	Poor		
Social Adjustment	Over social: Too much emphasis on social life	Normal adjustment	Reserved: Friendly if others take initiative	Ingrown isolated personality	Definitely a follower	

What do you consider the applicant's strongest asset?

.....

What do you consider the applicant's major limitations?

.....

Indicate your attitude toward having the applicant under your direction: (Check one)

Would particularly like to have the applicant.....
 Pleased to have the applicant
 Prefer not to have the applicant
 Definitely would not want the applicant

The applicant has: (Check one)

Normal health
 Frequent sickness

Please comment freely upon the applicant: (Use reverse side if you wish)

.....

Date: Signature

Position:

Return this form to:

THE ADMINISTRATIVE COORDINATOR
USDI
P.O. Box 5065
HORISON 1730
Transvaal.