



CHRISTIAN RESIDENCES FOR YOUNG WOMEN  
formerly Young Women's Christian Associations of Southern Africa

Cape Town Residence

20 Bellevue Street  
Gardens, 8001  
Email: [admin@theywct.co.za](mailto:admin@theywct.co.za)  
Website: [www.theywct.co.za](http://www.theywct.co.za)

Tel: (021) 423 3711

## APPLICATION FORM

Completed application forms should be emailed to [admin@theywct.co.za](mailto:admin@theywct.co.za). Proof of payment of the application fee should be attached.

For enquiries you can contact: 021-423-3711 or [admin@theywct.co.za](mailto:admin@theywct.co.za)

More information can be found on our website: [www.theywct.co.za](http://www.theywct.co.za)

On acceptance of your application you will need to supply The YW with:

1. A signed copy of the Residence Rules.
2. The YW's Medical Form completed by your family doctor.
3. A testimonial from the student's school principal.
4. A personal reference from the student's pastor and/or family friend.

Dates applying for	
<b>Student's Details:</b>	
Full name	
ID Number	
Date of birth	
Residential Address	
Postal Address	
Cell Phone Number	
Email Address	
Place of Study	
Course Name	

Area of Study		
<b>For working ladies, please give the following information:</b>		
Name of Company		
Work Address		
Work Telephone Number		
Work Email Address		
<b>Medical Details:</b>		
Name of family doctor		
Doctor's contact number		
Medical Aid		
Medical Plan		
Medical Aid Number		
Have you any pre-existing medical or psychological disability?	YES	NO
Details		
<b>Parent or Legal Guardian's Details:</b>		
Full Name		
I.D. Number		
Postal Address		
Telephone Numbers	Home	
	Work	
	Cell	
Email Address		

Details of person responsible for the account (if this is not the parent or legal guardian):		
Full Name		
ID Number		
Postal Address		
Telephone Numbers	Home	
	Work	
	Cell	
Email Address		

Student Declaration:

I ..... have read, understand and accept the rules and conditions of The YW and with my signature below I acknowledge that they are binding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Declaration:

I ..... have read, understand and accept the rules and conditions of The YW and with my signature below I acknowledge that they are binding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_