



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
Website: www.theywct.co.za

Tel: (021) 423 3711

APPLICATION FORM

Completed application forms should be emailed to 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

More information can be found on our website: 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	
Resident's Details:	
Full name	
ID Number	
Date of birth	
Residential Address	
Postal Address	
Cell Phone Number	
Email Address	
Place of Study	

Course Name			
Area of Study			
For working ladies, please give the following information:			
Name of Company			
Work Address			
Work Telephone Number			
Work Email Address			
Medical Details:			
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			
Do you smoke or vape?	YES	NO	
Parent or Legal Guardian's Details:			
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		

Have you been expelled from another residence or from school?	Yes	No
If yes, please give details:		

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: _____