

USB Small Business Academy Development Programme Application for Admission to Study – Class of 2019

The University of Stellenbosch Business School's Small Business Academy (SBA) Development Programme is a post-matric programme that offers full-time small business owners in the Western Cape the opportunity to gain business knowledge that will enable them to grow and expand their existing businesses.

The SBA Development Programme is presented on a part-time basis in block weeks. This is a post-matric level programme. A certificate from Stellenbosch University is awarded to successful participants.

The programme consists of:

- 12 hours of mentoring
- 4 practical workshops
- 5 weeks of on-campus training at the University of Stellenbosch Business School, Belpark Campus, Bellville, including assignments
- 1 business plan presentation to the SBA's Academic and specialist Panel.

The SBA Development Programme is selection-based, following ability testing and an interview with the Selection Committee. Only selected participants will be notified before commencement of the programme.

Programme fee: R2 400 (R50 application fee – non-refundable, R900 registration fee upon selection, and

R500 payable in May 2019, R500 payable in July 2019, R500 payable in September 2019)

Application deadline: 25 January 2019 Programme starts: 11 March 2019

Entry requirements*

- Age: 23 years or older
- Full-time owner of an established small business of at least two years (24 months) or older (thus, applicant must not be in the employment of another company while running current business)
- Applicants must live or work in townships or low-income areas of the Western Cape
- Matric/Grade 12 (this is looked at on a case-by-case basis if applicants have not completed Matric/Grade 12)
- No previous management education at tertiary level is required.
- Must be proficient in English
- Students cannot be registered to study part-time at another institution during course of the 2019 USB SBA Development Programme

 Students must present a business plan on the company/business that they indicated on their application forms.

Please complete the following application form and submit this together with the relevant documentation (see checklist at the end of this form).

Please note that this application form is one of the most important documents used by the Academy to evaluate your suitability for the programme. Complete it carefully and ensure that you fill out every line.

* Please note that final selection is at the discretion of the SBA Selection Committee.

APPLICANT DETAILS	
Surname	Name (s)
Nickname (name you want to be called during the pro	gramme):
Date of birth	Age
Home (street, suburb) address and postal code	☐ Male ☐ Female
South African ID number	If non-South African: Passport and work permit numbers
Home phone	Cell
E-mail address	
COMMUNICATION CONNECTIONS	
Tick appropriate answer.	
Do you:	
Own a smartphone with access to e-mail or WhatsApp	?
If no, do you have your own cell phone or use s	omeone else's?
Own a PC, laptop or tablet?	☐ Yes ☐ No

USB Small Business Academy Application Form

Have access to the inte	ernet fron	n home or you	ur business?
If no, how do you access the internet? \Box Internet café \Box Library \Box Other:			
Know how to create a document in Microsoft Word?			
Know how to create a document in Microsoft Excel?			
Know how to create a	slideshov	v in MS Power	Point? No Yes: Well Intermediate Poorly
Language			
Home language:	□ isiXh	osa □ Zulu □	English □ Afrikaans □ Other:
English literacy level:	Read	□ Well	\square Intermediate \square Poorly
	Write	□ Well	\square Intermediate \square Poorly
	Speak	□ Well	☐ Intermediate ☐ Poorly
HIGH SCHOOL DETA	ILS		
School name			Year you matriculated
If you did not complet	te matric,	what is the hig	ghest grade you have passed?
TERTIARY EDUCATION	ON		
Have you studied after	r matric?		☐ Yes ☐ No
If yes, please give name of the programme, how many years you completed or year of graduation			
BUSINESS STATUS			
Name of business:			
Your job title: Owner Co-owner Director Manager Other:			
Services or products:			
Industry:			
Number of years the business has been running full-time:			
Is the business registered?			
USB Small Business Academy Application Form			

Number of employees (excluding owner):				
Number of regular clients/months:				
Monthly income of your business: $□$ 0 − R2 500 $□$ R2 500 − R7 500 $□$ R7 500 − R15 000 $□$ R15 000 − R30 000 $□$ +R30 000				
Monthly expenses of your business: □ 0 – R2 500 □ R2 500 − R7 500 □ R7 500 − R15 000 □ R15 000 − R30 000 □ +R30 000				
Business street address, including postal code:				
Business postal address, if applicable:				
Business landline number: Business cell phone number:				
Business e-mail address:				
Business website address (if applicable):				
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Include the names of two people that we suppliers. References should not be older	can contact as references for you. They can be from any of your clients or than 3 years.		
1. Surname	Name		
Organisation name	Role at organisation		
E-mail	Contact number (work or cell)		
2. Currence	None		
2. Surname	Name		
Organisation name	Role at organisation		
E-mail	Contact number (work or cell)		
	Contact Hamber (Work of Celly		
STATEMENT OF INTEGRITY			
I hereby certify that I have provided accurate information in this application. I understand and agree that any misrepresentation or omission of facts in my application will justify the denial of admission, the cancellation of admission, or expulsion. This is my own, honest statement to the SBA Admissions Committee.			
stipulations of the USB Small Business Aca	erstood Annexure A. I hereby commit myself to following the guidelines and ademy Development Programme 2016 if I get selected to participate in the uself to making the course fee payments as laid out in Annexure A or risk		
Name and Surname:			
Signature:			
Date:			
_			
CHECKLIST			
☐ A <i>certified copy</i> of the first page of you foreign national, please include a copy of	ur South African identity document (ID book) or passport (if you are a your work permit)		
☐ A completed and signed application fo	rm and the four essays on separate sheets		
☐ Certified copies of your academic certi	ficates and/or Senior Certificate		
☐ Proof of payment of R50 non-refundab	ole application fee		
Please submit your application form with all the attachments by Friday 25 January 2019 . Applications can be submitted in any of the following ways: USB Small Business Academy Application Form			

BUSINESS REFERENCES

By post: The application form with proof of payment can be posted in a sealed envelope addressed to: USB Small Business Academy, PO Box 610, Bellville, 7535.

Delivery by hand: The application form with proof of payment can also be dropped off at

USB

Belpark Campus Carl Cronje Drive

Bellville 7535

For attention: Benji Matshoba

By e-mail: Scan the application form and proof of payment and send to usbsba@usb.ac.za

For more information, call Benji Matshoba 021 918 4937.

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