

**IPCE**  
LAW SCHOOL

**IPCE Law School**

**Caselines Training  
Application Form**

**Campus Information**

**Rosebank**

Email: [pvt@ipce.co.za](mailto:pvt@ipce.co.za)

Address: 8 Tyrwhitt Avenue, Rosebank.

Tel: 010 109 7787

WhatsApp: 083 670 8300

**Accredited by**



# Application for Registration: 2025

Please complete this form and hand in at the IPCE Law School or send to [pvt@ipce.co.za](mailto:pvt@ipce.co.za)

**NB: Include with your application:**

- a certified copy of your identity document and
- LLB degree (where applicable) with your application

## Campus Information

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## 1. STUDENT INFORMATION

<b>Surname:</b>	
<b>Full Names (as per ID Book):</b>	1.
	2.
<b>Initials:</b>	
<b>Residential Address</b>	Unit:
	Street:
	City:
	Province:
	Code:
<b>Tel (h):</b>	<b>Tel (Cell):</b>
<b>Email address:</b>	
<b>ID Number:</b>	
<b>Citizenship:</b>	
<b>Race (for statistical purposes):</b>	
<b>Gender (for statistical purposes):</b>	
<b>School where you matriculated:</b>	
<b>Firm at which your are articled / practicing</b>	
<b>Registering for (tick where appropriate)</b>	<b>Online:</b>

## 2. EDUCATION

<b>Special Needs:</b> Kindly describe the nature of the need, if any, for special needs assistance required from the school:			
<b>Law degree</b>	<b>University &amp; Country</b>	<b>Year Registered</b>	<b>Year Complete</b>
LLB obtained or not more than two subjects outstanding, (Subject to confirmation letter from the dean)			

## 3. TUITION FEES

<b>The estimated fee is R1500.00.</b> R1500 on acceptance	
<b>Tick to indicate acknowledgement:</b>	

## 4. PREVIOUS CONVICTIONS

<b>Have any disciplinary steps been taken against you by a university or any other authority?</b> <b>If yes kindly specify:</b>	
<b>Have you ever been found guilty of a criminal offence?</b> <b>If yes kindly specify:</b>	

## 5. DECLARATION BY THE APPLICANT

5.1. I understand that this is an application to be a candidate legal practitioner at IPCE Law School. I declare that, if I am accepted as a candidate to the school the following will apply. I will:

5.1.1. promptly execute all lawful instructions from the school principal, their assignee or instructors;

5.1.2. ensure that I am punctual for all classes;

5.1.3. ensure that I am not absent from the course without the prior knowledge of the school principal; and

5.1.4. I understand that candidates attending must pay their fees into the designated IPCE bank account **ONLY**.

IPCE will not accept liability if fees are paid into any other bank account. IPCE banking details are as follows:

**Name of account: IPCE DS;**

**First National Bank (FNB);**

**Account number: 63105795843.**

**Please add full name surname as a reference.**

**NB – Please do not pay the fee until you have received formal confirmation from IPCE that your application has been successful.**

5.2. I accept that a certificate of compliance will be awarded **only** if I have completed the course in strict accordance with the conditions set out in my undertaking, to be signed after selection.

5.3. I have familiarised myself with IPCE's cancellation policy. [www.ipce.co.za](http://www.ipce.co.za)

5.4. I accept that IPCE has the right to terminate my participation should I not pay the course fee as required.

5.5. I accept that, should I discontinue my attendance at any time prior to the end of the programme, I shall be held liable for the full tuition fee

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2025.

**Full Name  
& Surname**

**Signature**