

FOR OFFICE USE:

CENTRE/SITE:

- ENGINEERING AND SKILLS TRAINING CENTRE
 IT AND COMPUTER SCIENCE CENTRE
 BUSINESS STUDIES CENTRE

PREVIOUS STUDENT: YES/ NO LEVEL (IF YES): _____APPROVED: YES/ NOWAITING LIST: YES/ NOBURSARY STUDENT: YES/ NOATTACHMENTS: YES/ NO

WATERBERG
TVET COLLEGE

Together ensuring success

FOR OFFICE USE: (CAP)

| | | | | | | | | | | | | | |
|----------------------|------|-----|------------|------|--------------|--------|------|----|----|------|-------|-------|-------|
| PLACEMENT ASSESSMENT | DATE | | TIME | : | VENUE | | | | | | | | |
| PLACEMENT LETTER | DATE | | RECEIPT NO | | DEPOSIT SLIP | YES NO | | | | | | | |
| PLACEMENT OPTION | OA | FEA | MARK | CEBC | EIC | ERD | HOSP | IT | PA | TOUR | N4-N6 | N1-N3 | OTHER |

APPLICATION FORM**A. STUDENT:**

| | | | | | | | | | | | | | | | | |
|--|--------------|-----------------------------------|-----------|--------------------------|--|--------------------------------|-------------|-------------------------|---------------------|----------------|---------|------------------------|---------------------------|--------|----------------|--|
| COURSE INTERESTED IN (Cross out course interested in) | Office Admin | Finance, Economics and Accounting | Marketing | Engineering and Building | Electrical Infrastructure Construction | Engineering and Related Design | Hospitality | IT and Computer Science | Primary Agriculture | Primary Health | Tourism | HATED N4-N6 (Business) | NATED N1-N3 (Engineering) | OTHER | Specify OTHER: | |
| TITLE | MR | MS | | | | | | | | | | | | | | |
| SURNAME | | | | | | | | INITIALS | | | | | | | | |
| FIRST NAMES | | | | | | | | | | | | | | | | |
| BIRTH DATE | Y | Y | Y | Y | M | M | D | D | GENDER | MALE | | | | FEMALE | | |
| ID NUMBER | | | | | | | | | | | | | | | | |

FOREIGN/INTERNATIONAL STUDENT ONLY

| | | | | | | | | | | |
|-----------------|--|------|-----|----|--------|-----|----|-------------|-----|----|
| CITIZENSHIP | | SAQA | YES | NO | PERMIT | YES | NO | PASSPORT | YES | NO |
| STUDY PERMIT NO | | | | | | | | EXPIRY DATE | | |

B. STUDENT CONTACT DETAILS:

| | | | |
|------------------|--------------|--------------|---------|
| ADDRESS (POSTAL) | BOX NUMBER | TOWN/VILLAGE | CODE |
| ADDRESS (HOME) | HOUSE NUMBER | TOWN/VILLAGE | CODE |
| ADDRESS (STUDY) | HOUSE NUMBER | TOWN/VILLAGE | CODE |
| CONTACT NUMBERS | MOBILE | TEL (H) | TEL (W) |

C. BIOGRAPHICAL INFORMATION:

| | | | | | | | | | | | | |
|----------------|-----------|---|----------|---|------------|---|---------|---|-------------|------------|----------|---|
| MARITAL STATUS | SINGLE | S | MARRIED | M | DIVORCED | D | WIDOWER | W | | | | |
| HOME LANGUAGE | Afrikaans | A | English | B | IsiNdebele | C | Sepedi | D | SiSwati | E | Xitsonga | F |
| | Tshivenda | G | Setswana | H | IsiXhosa | I | IsiZulu | J | Sesotho | K | Other | I |
| ETHNIC GROUP | WHITE | 1 | COLOURED | 2 | INDIAN | 3 | BLACK | 4 | COURSE TYPE | VOCATIONAL | SKILLS | |

D. HEALTH:

| | | | | | |
|-----------|--|--------------------|--|----------|--|
| ALLERGIES | | PSYCHIATRIC | | DIABETES | |
| ASTHMA | | CHRONIC MEDICATION | | NONE | |

Tick and specify if applicable

| | | | |
|--------------------|--|---------------|--|
| MEDICAL AID | | DOCTOR NAME | |
| MEDICAL AID NUMBER | | DOCTOR TEL NO | |

E. PARENT(S)/GUARDIAN(S)/NEXT OF KIN:

| | | | | | | | | |
|----------------------|------------|----|-----|---------|--------------|--|----------------------------------|------|
| INITIALS AND SURNAME | MR | MS | REV | DR | PROF | | INDICATE RELATIONSHIP TO STUDENT | |
| ADDRESS (POSTAL) | BOX NUMBER | | | | TOWN/VILLAGE | | | CODE |
| CONTACT NUMBERS | MOBILE | | | TEL (H) | | | TEL (W) | |
| ID NUMBER | | | | | | | | |

AND/OR

| | | | | | | | | |
|----------------------|------------|----|-----|---------|--------------|--|----------------------------------|------|
| INITIALS AND SURNAME | MR | MS | REV | DR | PROF | | INDICATE RELATIONSHIP TO STUDENT | |
| ADDRESS (POSTAL) | BOX NUMBER | | | | TOWN/VILLAGE | | | CODE |
| CONTACT NUMBERS | MOBILE | | | TEL (H) | | | TEL (W) | |
| ID NUMBER | | | | | | | | |

F. DISABILITY:

Specify and attach a certified medical certificate or proof of disability status if applicable

| | | | | | |
|---|----|--|----|----------------------------|----|
| Attention Deficits Disorder with/without ADHD | 01 | Deaf/Blind Disabled | 07 | Physical Disabled | 13 |
| Autistic Spectrum Disorder | 02 | Epilepsy | 08 | Severe Intellect Disabled | 14 |
| Behavioural/Conduct Disorder | 03 | Hard of Hearing | 09 | Specific Learning Disabled | 15 |
| Blind | 04 | Mild to Moderate Intellectual Disabled | 10 | Psychiatric Disorder | 16 |
| Cerebral Palsied | 05 | Multiple Disabled | 11 | Dyslexia | 17 |
| Deaf | 06 | Partially Disabled | 12 | None | |

G. HIGHEST GRADE PASSED:

| | | | | |
|------------------|--|------------------|--|--------------------------------------|
| GRADE 12 STUDENT | | GRADE 10 STUDENT | | |
| GRADE 11 STUDENT | | GRADE 9 STUDENT | | <i>Indicate name of school above</i> |

H. HOSTEL:

| | | |
|---|-----|----|
| WILL YOU NEED ACCOMMODATION/HOSTEL SPACE DURING YOUR STUDIES? | YES | NO |
|---|-----|----|

Student: Initials and Surname

Date

Student: Signature

Parent/Guardian: Initials and Surname

Date

Parent/Guardian: Signature

All students who want to register **must provide the following documents:**

- Original copy of results for the highest grade passed
- Two (2) certified copies of student ID document
- Certified copy of parent(s)/guardian(s) ID document(s)
- If foreigner, two (2) certified copies of study permit and passport

Please return completed form to: Waterberg TVET College: Marketing Department, Postnet Suite #59, Private Bag x2449, MOKOPANE, 0600