

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
FET 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	OTHER					

APPLICATION FORM**A. STUDENT:**

COURSE INTERESTED IN (Cross out course interested in)	Office Admin	Finance, Economics and Accounting	Marketing	Civil Engineering and Building Construction	Electrical Infrastructure Construction	Engineering and Related Design	Hospitality	IT and Computer Science	Primary Agriculture	Tourism	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
ETHNIC GROUP	Tshivenda	G	Setswana	H	IsiXhosa	I	IsiZulu	J	Sesotho	K	Other	I
	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		<i>Indicate name of school above</i>
GRADE 11 STUDENT		GRADE 9 STUDENT		

H. HOSTEL:

WILL YOU NEED ACCOMMODATION/HOSTEL SPACE DURING YOUR STUDIES?	YES	NO
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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 FET College: Marketing Department, Postnet Suite #59, Private Bag x2449, Mkopane, 0600

