

Please complete the entire form in print & black ink.

Mark with an X where applicable.

MTHATHA CAMPUS	NGCOBO CAMPUS	MNGAZI CAMPUS	MAPUZI CAMPUS
NTABOZUKO CAMPUS	ZIMBANE CAMPUS	LIBODE CAMPUS	

### FOR OFFICE USE ONLY

<b>PLEASE TICK THE DOCUMENTS ATTACHED</b>	<b>NC(V)</b>																
CERTIFIED ID COPY OF APPLICANT <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">OA</td><td style="width: 25%;"></td><td style="width: 25%;">TOUR</td><td style="width: 25%;"></td> </tr> <tr> <td>FEA</td><td></td><td>HOSP</td><td></td> </tr> <tr> <td>PRI AGRIC</td><td></td><td>IT</td><td></td> </tr> </table>	OA		TOUR		FEA		HOSP		PRI AGRIC		IT					
OA		TOUR															
FEA		HOSP															
PRI AGRIC		IT															
CERTIFIED COPIES OF CERTIFICATES/ RESULTS <input type="checkbox"/>	<b>PLP</b> <input type="checkbox"/>																
CERTIFIED ID COPY OF PARENT/GUARDIAN <input type="checkbox"/>	<b>REPORT 191</b>																
<b>CAPTURE STUDENT NUMBER BELOW</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">CIVIL</td><td style="width: 25%;">PR</td><td style="width: 25%;">MM</td><td style="width: 25%;">HR</td> </tr> <tr> <td>MECH</td><td>BM</td><td>LS</td><td>PM</td> </tr> <tr> <td>ELEC</td><td>FM</td><td>TOUR</td><td>HOSP</td> </tr> <tr> <td>WATER</td><td></td><td></td><td></td> </tr> </table>	CIVIL	PR	MM	HR	MECH	BM	LS	PM	ELEC	FM	TOUR	HOSP	WATER			
CIVIL	PR	MM	HR														
MECH	BM	LS	PM														
ELEC	FM	TOUR	HOSP														
WATER																	

Date: \_\_\_\_\_

Handed out by: \_\_\_\_\_ Signature: \_\_\_\_\_

### SECTION A: PERSONAL INFORMATION (as per ID Book)

ID Number	Date of Birth
Title <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	Specify <input type="text"/> Initials <input type="text"/>
Surname <input type="text"/> <small>Maide Surname, if applicable</small>	
Full Names <input type="text"/>	
Home Tel <input type="text"/>	Work Tel <input type="text"/>
Cell <input type="text"/>	Employer Tel <input type="text"/> (if applicable)
E-mail address <input type="text"/>	

### SECTION B: BIOGRAPHICAL INFORMATION

Nationality	<input type="text"/>		
Home Language	IsiXhosa <input type="checkbox"/> A	English <input type="checkbox"/> C	Other <input type="checkbox"/> E
	IsiZulu <input type="checkbox"/> B	Afrikaans <input type="checkbox"/> D	Specify <input type="text"/>
Preferred Language	<input type="text"/>		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Race
			Black African <input type="checkbox"/> A
Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Other <input type="checkbox"/>
			White <input type="checkbox"/> W
Citezen Status	South African <input type="checkbox"/>	Perm Resident <input type="checkbox"/>	Coloured <input type="checkbox"/> C
			Indian <input type="checkbox"/> I
		Specify <input type="text"/>	

If you are not a South African citizen kindly indicate nationality \_\_\_\_\_ Study Permit: \_\_\_\_\_

Passport number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### SECTION C: SCHOOL LEAVING DETAILS

Last school Attended

Highest Grade Passed

Matric Date

Grade 10  Grade 11  Grade 12

**NB : Please attach a copy of your academic results or school report and I.D.Copy**

Previous Year Activity

At this TVET College	<input type="text"/>
University	<input type="text"/>
Technikon	<input type="text"/>
Unemployed	<input type="text"/>
Foreign Education	<input type="text"/>

Other TVET College	<input type="text"/>
Technical College	<input type="text"/>
AET College	<input type="text"/>
Secondary School	<input type="text"/>
Working	<input type="text"/>

### SECTION D: STUDENT ADDRESS

Home Address

Postal Address

Town

Town

Province

Province

Postal Code

Postal Code

Address while studying (not a PO Box)

### SECTION E :DISABILITIES/SPECIAL NEEDS

Mark with an X where applicable.

Blind

Deaf-Blind

Deaf

Hearing impaired

Epilepsy

Communication

Specific learning disability

Physical disability

Psychiatric disorder

Intellectually disabled

Partially Sighted

Other, please Specify

Allergies/ Health Problems	<input type="text"/>
Contact Person incase of emergency	<input type="text"/>
Dr Name	<input type="text"/>
Medical Aid	<input type="text"/>
Medical Aid Main Member	<input type="text"/>

Contact No	<input type="text"/>
Dr Tel	<input type="text"/>
Medical Aid Number	<input type="text"/>

### SECTION F: INFORMATION OF PARENT / GUARDIAN (PARENT/GUARDIAN/EMPLOYER/STUDENT/INSTIUTION)

Surname and Name

Relationship

Residential Address

Cell

Postal Code

Work Tel

Occupation

Day Tel

Please Attach ID Copy (Parent/Guardian)

Are you applying for hostel Yes  No

If Yes, please request hostel appication form

**SECTION G: CONDITIONS**

- A student may not damage or interfere with the property of the College and others including students, staff and members of the public on the College premises; In that case the student will be held liable for any damage.
- A student is responsible for the care and safe keeping of all the resources (books, tools, and learning material) and equipments that are issued to him/her for his/her training.
- No firearms, traditional weapons of any kind allowed on the College premises.
- A student's general behavior should at all times not discredit the College reputation.
- The College has a right to, at any time, without warning; order a search for illegal substances by the staff, security, police or a relevant section at the South African Police Services.
- A student to inform the Campus Management/ registration unit in writing of any change in residential or postal addresses.
- A student will always readily and willingly without hesitation produce his/her student card on request.
- Students will obey all reasonable instructions given to him/her by any member of the academic or administrative staff of the College.
- All cellular phones must be switched off during lecturers.
- The College is not responsibility for any stolen goods.
- Smoking and drinking of alcohol is prohibited inside and at the entrances of the College buildings, where a distance of at least 10m from the entrance must be maintained.
- Right of Admission to the College is Reserved.

Signature: \_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Date**

**SECTION H: DECLARATIONS**

I HEREBY DECLARE:

- That the particulars furnished by me above in this application form are true and correct;
- That I undertake as registered student of the College to abide by all the rules and regulations of the KSD TVET College, including any amendments thereto and any substitutions thereof; that I undertake to pay all class fees as per the fee structure of the college;
- That 80% class attendance in all subjects is required at KSD TVET College for admission to exams and a term mark of 40% for Report 191 subject & for NCV subjects as per DHET Policies;
- That I undertake to let the College know of any changes to the information above, within 14 days after registration;
- That it is my responsibility to confirm exam dates;
- That it is my responsibility to make inquiries about my results (when it is available).

Signature: \_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Date**

Signature: \_\_\_\_\_  
**Parent/ Guardian**

\_\_\_\_\_  
**Date**

**SECTION I: ADMISSION DETAILS ( OFFICE USE ONLY)**

**LECTURER USE ONLY**

PLEASE WRITE THE QUALIFICATION AND SUBJECTS TO BE ENROLLED FOR:

QUALIFICATION	
SUBJECTS FOR (NCV)	SUBJECTS FOR REPORT 191

\_\_\_\_\_  
**Lecturer Signature**                      \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Lecturer Signature**                      \_\_\_\_\_  
**Date**

SUBJECTS FOR PLP

\_\_\_\_\_  
**Lecturer Signature**                      \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature: HOD/ Senior Lecturer**                      \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature: Data Capturer**                      \_\_\_\_\_  
**Date**

**SECTION J: VERIFICATION CHECKLIST ( OFFICE USE ONLY)**

	Signature	Date
Form Checked		
Student number captured		
Form Completed in full		
Comments		

CAMPUS MANAGER/ HOD STAMP

# KSD TVET COLLEGE REGISTRATION FORM 20.....



A Technical Vocational Education and Training centre of excellence.



Our mission is to produce market ready graduates through quality teaching, learning, training and innovation.

## COLLEGE ACCOUNT DETAILS:

ACCOUNT NAME: KING SABATA DALINDYEBO TVET  
COLLEGE

ACCOUNT NUMBER: 62658038578

BANK: FIRST NATIONAL BANK

BRANCH: MTHATHA

REFERENCE: ( Student Number/ ID Number )

## IMPORTANT

This form should be accompanied by the following:

- Certified copy of your school leaving results
- Certified copy of your identity document
- Certified copy of you parent/legal guardian

**(DO NOT BRING CASH TO THE COLLEGE)**

**NB: PLEASE READ THE GUIDELINES AND INFORMATION OVERLEAF BEFORE COMPLETING THE FORM.**

### Administration Centre

R61 Queenstown Road  
Cicira Village  
Mthatha, 5099  
Private Bag x 5011  
Mthatha, 5099  
Contact: 047 505 1000

### Libode Campus

R61 Port St Johns Road  
Libode, 5160  
Contact: 047 555 7941

### Mngazi Campus

Mgwenyana A/A  
Libode, 5160  
Contact: 047 555 7944

### Mapuzi Campus

Coffee Bay Road  
Mqanduli, 5080  
Contact: 047 575 9044

### Zimbane Campus

Zimbane A/A  
Mthatha, 5099  
Contact: 047 537 4901

### Mthatha Campus

R61 Queenstown Road  
Cicira Village  
Mthatha, 5099  
Contact: 047-505 1000

### Ntabozuko Campus

C/O Madwaleni  
Gusi A/A  
Elliotdale, 5070  
Contact: 047 576 9469

### Ngcobo Campus

Queenstown Road  
Idutywa Junction  
Ngcobo, 5050  
Contact: 047 548 1467

**"A leading institution which provides high quality programmes responsive to South Africa's socio-economic development needs"**



