

|  |
| --- |
| **APPLICATION FORM**  **2023**  **NEW STUDENTS ONLY** |

**Please complete the entire form in print and black ink.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| National Certificate Vocational (NCV) |  | Report 191 Business Studies |  | Report 191 Engineering Studies |  | PLP |  |

**At which campus would you like to study?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Maluti Campus** |  | **Mt Fletcher Campus** |  | **Mt Frere Campus** |  | **Ngqungqushe Campus** |  | **Siteto Campus** |  |

**Capture student number below**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **National Certificate Vocational (NCV)** | | | | | |  | **REPORT 191** | | | | | | | | | | | |
| **Level 2** |  | **Level 3** |  | **Level 4** |  | **N1** |  | **N2** |  | **N3** |  | **N4** |  | **N5** |  | **N6** |  |
| Civil Engineering & Building Construction | | | | |  | Business Management | | | | | | | | | | |  |
| Electrical Infrastructure Construction | | | | |  | Civil Engineering | | | | | | | | | | |  |
| Engineering & Related Design | | | | |  | Electrical Engineering | | | | | | | | | | |  |
| Finance, Economics & Accounting | | | | |  | Financial Management | | | | | | | | | | |  |
| Generic Management | | | | |  | Human Resources Management | | | | | | | | | | |  |
| Information Technology & Computer Science | | | | |  | Legal Secretary | | | | | | | | | | |  |
| Marketing | | | | |  | Management Assistant | | | | | | | | | | |  |
| Office Administration | | | | |  | Marketing Management | | | | | | | | | | |  |
|  | | | | | | Mechanical Engineering | | | | | | | | | | |  |
| Public Management | | | | | | | | | | |  |
|  | | | | | |  | Farming Management | | | | | | | | | | |  |

|  |  |  |
| --- | --- | --- |
| **PROGRAMME: PRE-VOCATIONAL LEARNING** |  |  |
| Foundational English |  |  |
| Foundational Maths |  |  |
| Foundational Science |  |  |
| Foundational Life Skills and Technology |  |  |
| Have you been enrolled in a PLP before | YES | NO |

# SECTION A: PERSONAL DETAILS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date of birth |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr |  |  | Ms |  |  | Other |  |  | Specify |  |  | Initials |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  |  | Maiden Name, if applicable |  |

|  |  |
| --- | --- |
| Full Names |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Home Tel |  |  |  |  |  |  |  |  |  |  |  |
| Cell |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Email address |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Bursary assistance required |  | Yes |  |  | No |  |

# SECTION B: BIOLOGICAL INFORMATION

|  |  |
| --- | --- |
| Nationality |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Home  Language |  | IsiXhosa |  |  | English |  |  | IsiZulu |  |  | Afrikaans |  |  | Other  ( specify) |  |

|  |  |
| --- | --- |
| Preferred Language |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gender |  | Male |  |  | Female |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ethnic Group |  | Black African |  |  | White |  |  | Coloured |  |  | Indian |  |  | Other  (specify) |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Marital Status |  | Single |  |  | Married |  |  | Divorced |  |  | Widowed |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Citizenship |  | | South African |  | | |  |  | | --- | --- | | Permanent resident |  | |

**If you are not a South African citizen please indicate**

Study permit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry date

|  |
| --- |
| **SECTION C: EMPLOYMENT DETAILS (IF APPLICABLE)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Name of Employer/ Business

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Account to Employer

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Postal Code | | |  |  |  |  |

Employer’s/

Business Address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Postal Code | | |  |  |  |  |

Employer’s/

Business Postal Address

ADDITIONAL COMMENTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Work Telephone Number |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Occupation

|  |
| --- |
| **SECTION D: SCHOOL LEAVING DETAILS** |

|  |  |  |  |
| --- | --- | --- | --- |
| Last School attended |  | Examination Date |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Matric Date |  |  | Grade 9 |  | Grade 10 |  | Grade 11 |  | Grade 12 |  |

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

***Please tick***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Previous Year Activity |  |  |  | |
| At this College |  | Other College |  |
| University |  | Technical College |  |
| Technikon |  | Higher Education |  |
| Unemployed |  | Secondary School |  |
| Foreign Education |  | Working |  |

|  |
| --- |
| **SECTION E: STUDENT ADDRESS** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Physical Address |  | |  |  | Postal Address |  | |
|  | |  | |
|  |  | |  | |  | |
| Postal Code |  | Postal Code |  |

# SECTION F: DISABILITIES/SPECIAL NEEDS

Please tick where applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Blindness or Special Sighted |  |  | Low Vision |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Deafness |  |  | Hearing (Even with hearing aid) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Epilepsy |  |  | Intellectually disabled |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Psychiatric disorder |  |  | Physically challenged |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cerebral Palsy |  |  | Other Specify |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Allergies/ Health Problems |  | | | |
| Contact Person |  |  | Contact No |  |
| Dr Name |  | Dr Tel |  |

# SECTION G: INFORMATION OF PERSON(S) RESPONSIBLE FOR PAYMENT OF ACCOUNT (PARENT/GUARDIAN/EMPLOYER/INSTIUTION)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent/ Guardian |  |  | Relationship |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Physical Address |  | |  | Postal Address |  | |
|  | |  | |
|  |  | |  |  | |
| Postal Code |  | Postal Code |  |

|  |  |
| --- | --- |
| Occupation |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Work Tel |  |  |  |  |  |  |  |  |  |  |
| Home Tel |  |  |  |  |  |  |  |  |  |  |
| Cell |  |  |  |  |  |  |  |  |  |  |

Please attach a certified ID copy of parent or guardian

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Accommodation needed |  | Yes |  |  | No |  |

If yes, please request hostel application form

# SECTION H: TERMS AND 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
* Equipment’s that are issued to students should be returned back to the College including textbooks etc.
* No firearms, traditional weapons of any kind of dangerous weapons allowed on the College premises.
* A student’s general behaviour should at all times not discredit the College reputation.
* The College has a right to do a random searching 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 has to inform the Campus Management/ registration unit in writing of any change in residential or postal addresses.
* 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 lecturing hours.
* The College is not responsible for stolen goods.
* Smoking is prohibited inside and at the premises of the College buildings, it is only allowed to designated areas.
* Right of Admission to the College is reserved.

# SECTION I: DECLARATIONS

I HEREBY DECLARE:

* That the particulars furnished by me above in this application form are true and correct;
* That I undertake as a registered student of the College to abide by all the rules and regulations of the INGWE

TVET College, including any amendments thereto and any substitutions

* thereof; that I undertake to pay all class and other fees punctually;
* That 80% class attendance in all subjects is required at INGWE TVET College for admission to exams and a term mark of 40% for Report 191 subject & for NCV subjects as per DoE 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 enquiries about my results (when it is available).

**Signature --------------------------------------- Date-------------------------------------------**

**Student**

**Signature---------------------------------------- Date--------------------------------------------**

**Parent/Guardian**

|  |  |
| --- | --- |
| **SECTION J: CHECKLIST(OFFICE USE ONLY)** | |
| **LECTURER USE ONLY** |  |

Please write the student subject to be enrolled for:

|  |  |  |
| --- | --- | --- |
| **NCV** |  | **COLLEGE ACCOUNT DETAILS**  Account Name: Ingwe TVET College  Bank Name: Standard Bank  Account Number: 082097097  Reference: Student Number/ ID Number |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **PROGRAMME: PRE-VOCATIONAL LEARNING** | |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **REPORT 191** |
|  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
|  | Signature | Date |
| Form Checked |  |  |
| Student accepted |  |  |
| Student not accepted |  |  |
| Student number captured |  |  |
| Comments |  |  |

**IMPORTANT**

This form should be accompanied by

* Certified copy of school leaving results
* Certified copy of identity document
* Certified copy of parent or legal guardian ID

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: HOD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Data Capturer Date