**LEARNER REGISTRATION FORM**

| *Please note the documentation you must submit with your application, which is listed on the last page* |
| --- |

| Applying for Academic Year | **202** | | Whole year  programme | |  | Semester |  | 1 2 | Trimester |  | 1 2 3 |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Programme that I wish to apply for | | | Specify course name and level | | | | | | | | | |
| If unsuccessful I am to prepared to apply for | | | | Specify course name and level (If applicable) | | | | | | | | |
| My third choice programme is |  | Specify course name and level (If applicable) | | | | | | | | | | |

**STUDENT PERSONAL DETAILS** \* See POPI declaration on Page 4

|  |  |  |  |  |  |  | **ITS NUMBER**  *If you are accepted this will become your Student Number* | | | | | | | | | | | | | | | | | | | | | | | **1** | **2** |  |  | |  |  |  | |  | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ti**tl**e** | Mr | | Ms | | | Other: | | | | | | | | | | | | | | | | | | | **Initials** | | | | | | | | | | | | |  |  |  | |  |
| **First Names***…*  *Write them exactly as they are in your ID document* | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Birth Date** | D | | | D | | | - | | M | | M | | M | | - | | Y | | | Y | | | Y | | | Y | | *e.g. 12-DEC-1995* | | | | | | **Gender** | | | | | M | | F | |
| **Marital status** | | | | *Single* | | | | | S | *Married* | | | | | M | | | *Divorced* | | | | | | | | D | | *Widow/er* | | | W |  | | | | | | | | | | |
| *Ensure that your identity number is exactly as it appears in your ID document* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RSA ID No.** | |  | | |  | | |  |  |  |  | |  | |  | | |  | |  | | |  | | |  |  |  | | | | | | | | | | | | | |

| **Occupation** |  | | | | |
| --- | --- | --- | --- | --- | --- |
| **Home Language** |  | | | | |
| **Ethnic Group** |  | *White, Coloured, Indian, African, other* | | | |
| **Bursary** Are you paying the fees yourself or are you applying for a DHET bursary | | | Bursary Application | Y | N |

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**WHERE DID YOU LEARN ABOUT THE INNOVATION TECHNOLOGY CAMPUS** *Please tick all applicable*

| Advice Desk |  | Billboards |  | Call Centre |  | Career Expo |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Facebook |  | Information session |  | Magazine/guide | specify | | |
| Newspaper | specify | | | Open Day |  | Pamphlets |  |
| Parents’ Evening |  | Radio | specify | | | Posters |  |
| School Visit |  | SMS |  | Twitter |  | Vehicle Branding |  |
| Web Site |  | From a friend |  | From College staff |  |  | |
| Other | specify | | | | | | |

**TELL US ABOUT YOUR STUDIES LAST YEAR**

| School Name if you were at school last year | | |  | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| University Student | 01 | Unemployed | 16 | Employed | 15 | Grade 9 Learner | 12 |
| Grade 12 Learner | 08 | Grade 11 Learner 10 |  | Grade 10 Learner 11 |  | Other 09  specify | |
| Innovation College | 13 | Other FET College 14 |  | Foreign Education | 17 |

**EDUCATION**

| **Highest School Grade PASSED** | | | | | | | |  | | **Final examination Results available?** | | | | | | Y | N |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If you have **MATRIC**, did you achieve university “Endorsement”/ “Qualifies for Degree”/ “Matric exemption”? | | | | | | | | | | | | | | | | Y | N |
| **Matric Date** | D | D | - | | M | M | M | - | Y | | Y | Y | Y | *e.g. 12-DEC-2013* |  | | |
| **Matric School name** | | | | specify | | | | | | | | | | | | | |

**PERSONAL CONTACT INFORMATION**

**Postal address** *For communication from the College, results, etc.*

| **House number /Flat number** | | | | |  | | | | *Can also be PO Box* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Street Name** | | | | |  | | | | |
| **Postal Code** |  |  |  |  | | **Town** |  | *Town must match Postal Code* | |

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**PHYSICAL RESIDENTIAL ADDRESS WHEN STUDYING** *Must be actual address you live at*

| **House number /Flat number** | | | |  | | | | *Must not be PO Box* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Street Name** | | | |  | | | | |
| **Postal Code** |  |  |  | |  | **Town** |  | *Town must match Postal Code* |

**PHONE AND EMAIL ADDRESSES**

| **Home landline** | Area-code | | | | | | | |  | |  | |  | | - | |  | |  | |  | |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SA Cell number** | | 0 | |  |  | - |  |  | |  | | - | |  | |  | |  | |  | |  | | |
| **Additional SA Cell** | | 0 | |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | | |
| **Email address** | | |  | | | | | | | | | | | | | | | | | | | | | |

**NEXT-OF-KIN CONTACT**

*This is your mother, father, guardian, spouse or other close relative to be contacted in case of emergency*

| **Next-of-Kin Title** |  | | | Mr | | | | Ms | | Other | | | | **Initials** | | | | |  | |  | |  | |  | | **Surname** | | | | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Relationship to you** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **House number /Flat number** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | *Also use for PO Box address* |
| **Street Name** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Country** *if not South Africa* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Postal Code** | | | | |  | | | |  |  | |  | **Town** | | | | | |  | | | | | | | | | | | | | *Town must match Postal Code* | |
| **Home landline** | | | Country  code | | | | | | | | Area-code | | | | |  | |  | |  | | - | |  | |  | |  |  | | *Country-code blank for South Africa* | | |
| **Cell phone No.** | | | Country  code | | | | | | | | Area-code | | | | |  | |  | |  | | - | |  | |  | |  |  | | *Country-code blank for South Africa* | | |
| **Email address** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RSA ID No.** | |  | |  | | | |  | |  | |  |  | |  | |  | | |  | |  | |  | |  | |  | | *ID number of Next-of-Kin* | | | |

**DISABILITIES** *This section must be completed by all students*

Students must declare all disabilities in order to quality for support from the College. The College will not be held liable if students withhold information about their disability status.

Please also complete the Disability Declaration Form if you indicate a disability.

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| --- |

Please indicate your disability status by marking (x) in the section below.

| None | 18 | Other (please specify): | | | | Attention Deficit Disorder | 01 |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Autistic Spectrum  Disorders |  | 02 Behavioural Disorder |  | 03 Blindness |  | 04 Cerebral Palsy | 05 |
| Deafness |  | 06 Deaf-Blindness |  | 07 Epilepsy |  | 08 Hard of Hearing | 09 |
| Mild/Moderate Intellectual Disability | 10 | Moderate/Severe Intellectual Disability | 11 | Partial Sight/Low Vision |  | 12 Physical Disabled | 13 |
| Severe Intellectually  Disabled |  | 14 Specific Learning Disability | 15 | Psychiatric  Disorder |  | 16 Dyslexia | 17 |

**IMPORTANT NOTICES**

1. This is form is for application and registration. If your application is successful you will be notified. You become a student of the Innovation Technology Campus only once we have issued an official proof-of-registration printout. Incomplete applications or those not accompanied by all the required documentation will not be processed.

**2. BANKING DETAILS - FOR YOUR CONVENIENCE**

Bank : ABSA 

Account Name: Innovation Technology Campus

Account Number: 4083185356

Branch Code: 632005

Refence Number: Student ID Number

I/We the undersigned declare that all information provided herein is in full, true and correct and acknowledge that incomplete or incorrect information will result in the application being summarily rejected. I/We further agree to my personal data being shared as required.

|  |  |  |
| --- | --- | --- |
| **Signature of applicant**  *Includes acceptance of POPI declaration* | **Date of application** | **Signature of Guardian**  *If applicant not yet 18 years* |

| **Please attach the following certified documents:**  • **Copy of highest academic qualification/ school grade**  • **Copy of ID document**  • **Copy of proof of address**  Note that copying a certified document makes it invalid. | Deliver to:  The relevant Campus or  Post: Office 1 and 2, RAMA CENTRE, WITBANK 1035  Email: technologycampusa@gmail.com |
| --- | --- |

| **College Administration Official use** | | | |
| --- | --- | --- | --- |
|  | **Name** [print] | **Signature** | **Date** |
| Application Received  *[Info for SMS to student sent to Marketing]* | [Sent from campus by…] |  |  |
| Captured on ITS by Student Administration |  |  |  |
| Approval of Application |  |  |  |

Service Consultant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Consultant Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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