**REGISTRATION/APPLICATION FORM**

*ALL APPLICATIONS ARE TREATED AS CONFIDENTIAL*

|  |  |
| --- | --- |
| Date of Application: | Click here to enter a date. |
| Full Name(s) |  |
| Surname |  | Maiden Name |  |
| Course Chosen: |  |
| How / where did you hear about School of IT? |  |
| Identification Number: |  | Birth Date |  | Age |  |
| Permanent residential address:  |  |
| Nationality | Choose an item.Click here to enter text. | Valid Passport? | Choose an item. | Valid Working Permit? (If applicable) | Choose an item. |
| Contact numbers  | Mobile:  | Other or Next of Kin:  |
| Email address: |  |
| Drivers Licence (Yes/No) | Choose an item. | Drivers Licence Code |  | Own Transport? | Choose an item. |
| Senior Certificate (Matric)Year COMPLETED |  | School |  |
| Highest Tertiary Qualifications: | Qualification | Year Completed / Student Number  | Institution |
|  |  |  |
|  |  |  |
| **Languages:** | Speak fluently (Yes / No) | Read (Yes / No) | Write (Yes / No) |
| Home Language: |  |  |  |  |
| 2nd Language: |  |  |  |  |
| Other Language |  |  |  |  |

|  |  |
| --- | --- |
| **The following documents should accompany this application:** | Attached? |
| * Copy of ID – SA Citizens
 | Choose an item. |
| * Copy of matric certificate (required for some courses – will advise)
 | Choose an item. |

**SIGNATURE:**