



higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

Ingwe TVET College



**APPLICATION FORM
2022
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	
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At which campus would you like to study?

Maluti Campus		Mt Fletcher Campus		Mt Frere Campus		Ngqungqushe Campus		Siteto Campus	
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Capture student number below

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National Certificate Vocational (NCV)			
Level 2	Level 3	Level 4	
Civil Engineering & Building Construction			
Electrical Infrastructure Construction			
Engineering & Related Design			
Finance, Economics & Accounting			
Generic Management			
Information Technology & Computer Science			
Marketing			
Office Administration			

REPORT 191					
N1	N2	N3	N4	N5	N6
Business Management					
Civil Engineering					
Electrical Engineering					
Financial Management					
Human Resources Management					
Legal Secretary					
Management Assistant					
Marketing Management					
Mechanical Engineering					
Public Management					

PROGRAMME: PRE-VOCATIONAL LEARNING	
Foundational English	
Foundational Maths	
Foundational Science	
Foundational Life Skills and Technology	

Central Office
Badibanise Village
Mount Frere
Tel: 039 940 2142

Mount Frere Campus
Cancele Road
Mount Frere
Tel: 039 940 2142 ext.200

Ngqungqushe Campus
Magwa Road
Lusikisiki
Tel: 039 940 2142 ext.300

Siteto Campus
Mhlanga Village
Bizana
Tel: 039 940 2142 ext.400

Maluti Campus
Mli Road
Maluti
Tel: 039 940 2142 ext.500

Mt Fletcher Campus
Hospital Area
Mount Fletcher
Tel: 039 940 2142 ext.600

SECTION A: PERSONAL DETAILS

ID Number	<input type="text"/>	Date of birth	<input type="text"/>
Title	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
	Specify <input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>	Maiden Name, if applicable	<input type="text"/>
Full Names	<input type="text"/>		
Home Tel	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>		
Bursary assistance required	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

SECTION B: BIOLOGICAL INFORMATION

Nationality	<input type="text"/>				
Home Language	IsiXhosa <input type="checkbox"/>	English <input type="checkbox"/>	IsiZulu <input type="checkbox"/>	Afrikaans <input type="checkbox"/>	Other (specify) <input type="text"/>
Preferred Language	<input type="text"/>				
Gender	Male <input type="checkbox"/>	Female	<input type="checkbox"/>		
Ethnic Group	Black African <input type="checkbox"/>	White <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian <input type="checkbox"/>	Other (specify) <input type="text"/>
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed	<input type="checkbox"/>
Citizenship	<input type="text"/>				
South African	<input type="checkbox"/>	Permanent resident	<input type="checkbox"/>		

If you are not a South African citizen please indicate

Study permit _____
 0
 Passport number _____ Expiry date _____

SECTION C: EMPLOYMENT DETAILS (IF APPLICABLE)

Name of Employer/ Business	<input type="text"/>															
Account to Employer	Yes <input type="checkbox"/>	No	<input type="checkbox"/>													
Employer's/ Business Address	<input type="text"/>													Postal Code	<input type="text"/>	
Employer's/ Business Postal Address	<input type="text"/>													Postal Code	<input type="text"/>	

ADDITIONAL COMMENTS

Occupation

Work Telephone Number

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SECTION D: SCHOOL LEAVING DETAILS

Last School attended	Examination Date
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Matric Date	Grade 9	Grade 10	Grade 11	Grade 12
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NB: Please attach a copy of your academic results or school report and I.D. Copy Please tick

<table border="1"> <tr><td>Previous Year Activity</td><td> </td></tr> <tr><td>At this College</td><td> </td></tr> <tr><td>University</td><td> </td></tr> <tr><td>Technikon</td><td> </td></tr> <tr><td>Unemployed</td><td> </td></tr> <tr><td>Foreign Education</td><td> </td></tr> </table>	Previous Year Activity		At this College		University		Technikon		Unemployed		Foreign Education		<table border="1"> <tr><td>Other College</td><td> </td></tr> <tr><td>Technical College</td><td> </td></tr> <tr><td>Higher Education</td><td> </td></tr> <tr><td>Secondary School</td><td> </td></tr> <tr><td>Working</td><td> </td></tr> </table>	Other College		Technical College		Higher Education		Secondary School		Working	
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Secondary School																							
Working																							

SECTION E: STUDENT ADDRESS

<table border="1"> <tr><td>Physical Address</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td>Postal Code</td><td> </td></tr> </table>	Physical Address				Postal Code		<table border="1"> <tr><td>Postal Address</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td>Postal Code</td><td> </td></tr> </table>	Postal Address				Postal Code	
Physical Address													
Postal Code													
Postal Address													
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	
Dr Name	
Contact No	
Dr Tel	

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

Parent/ Guardian

Relationship

Physical Address

 Postal Code

Postal Address

 Postal Code

Occupation

Work Tel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Tel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 -----
Student

Date-----

Signature-----
Parent/Guardian

Date-----

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