IMPORTANT NOTICES

1. This is an application only. If you are successful you will be invited to register. You become a student of the College of Eastcape Midlands TVET College 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.

POPI Declaration (Protection of Personal Information Act)

2. Where requied in terms of national policies the College must and will, share your personal information. In particular your data will be shared with national departments such as the Department of Higher Education (DHET) and with prospective Work Placement host employers. Your details may also be shared with external partners of the College in order to provide additional services to students. The College is unable to avoid this.

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.

	FOR OFFICE VERIFICA	TION USE	
REGISTRATION NUMBER			
PACE RESULTS EVIDENCE OF NSFAS APPLIC	CATION		
CERTIFIED COPIES OF (DATE STAMP NOT OLDER THAN	I 3 MONTHS):		
☐ ID / PASSPORT ☐ PREVIO	OUS ACADEMIC RESULTS		
_	VIT OF UNEMPLOYMENT (O/T)		
	(-, -,		
SIGNATURE OF COLTECH CAPTURER (EMC)	NAME & SURNAME	DATE	
SIGNATURE OF ADMISSION OFFICIAL	NAME & SURNAME	DATE	
SIGNATURE OF SENIOR OFFICIAL	NAME & SURNAME	DATE	
APPLICATION ACCEPTED			
Yes No No			
College Administration Official use	Name/Surname and Design	nation (Print) Signature	Date
Acknowledge of Application sent (SMS)			
Sign-off of Capturer			
Approval of Application Student informed of approval			
Student informed of approval		I	
Private Bag)	(35, Uitenhage, 6230	Eastcape Midlands College - CorporateProfil	e
Tel: 041 995 2	2000	eastcapemidlands	
Fax: 041 995	2047	www.emcol.co.za	





EASTCAPE MIDLANDS TVET COLLEGE APPLICATION FORM



REGISTRATION NUMBER

STUDY YEAR

STUDENT NUMBER

HAVE YOU REGISTERED WITH EMC BEFORE? Y N

NB!! Please note that this is only an **APPLICATION**. Even if you have completed the form correctly and you comply with the minimum entry requirements, it does not necessarily mean that you have been accepted at EMC. We consider all applications and will inform you of the outcome.

APPLICATION FOR ADMISSION

INSTRUCTIONS:

- Use capital letters to complete this form or place an X in the correct box.
- Please use a black pen.
- Kindly complete the form in FULL and answer all the questions.
- Application forms that are not completed and do not include the required documentation may not be processed or the process might be delayed. Completed application must be hand delivered to the CAMPUS, or posted to Private Bag X35, Uitenhage, 6230

Please attached copies of the following documents:

- Certificated copy of highest academic qualification/ school grade
- Certified copies of ID documents of student and Next of Kin required
- Certificated copy of proof of address
- Please note that certificated documents must not be older than 3 months
- Proof of NSFAS Application

PLEASE INDICATE YOUR CHOICE OF STUDY

ACADEMIC YEAR	PROGRAMME	R191 BUSINES (6 months)	S	R191 ENGI	NEERING (4 m	OCCUPATIONAL/ SKILLS TRAINING	
20	NCV	S1	S2	T1	T2	T3	

At which campu Business Studie	us would you like to study? es	Engineering Studies	Occupational / Skills Training									
Grahamstown	Graaff-Reinet	Charles Goodyear	Brickfields Road									
leath Park (Port El	izabeth) Thanduxolo	Park Avenue										
ligh Street												
1. PERSONAL INFORMATION												
Surname			Initial(s) Title									
Full Names			ID Number									
Date of birth			RSA Citizen Other									
Gender	Male Female		If other, please specify									
			Passport Number									
			Alternative ID Number									
			Immigration Date:									
			Valid Study Permit Expiry Date of Permit									
Marital Status	Single Widowed Divorced Married Maiden Surname											
Ethnic Group	Black White Coloured Indian Other											
If other, please specify												
Please note the and Training (T		and the Government to t	rack progress in the transformation of Technical and Vocational Education									
Home Language												
Contact Details (Home)			(Cell)									
Are you currently employed ?	Yes No No		Company Information: Name									
			Contact Details									

creating new futures

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				NT ADDRESS ADDRESS WHIL			elds)					
Street Address				ADDRESS WHIL	E STUDTIN	<u> </u>						
Suburb												
Town					Code							
IOWII				HOME AD								
Ctroot Addrson												
Street Address	PO Box											
Suburb					Suburb							
Town			Code		Town						Code	
			3. N	NEXT OF KIN I	NFORMA ^T	TION						
	((Father /	Mother / Lega	ıl Guardian / S	ister / Bro	ther / S	Spouse	/ Partne	r)			
		CERTII	FIED COPY C	OF ID OF THIS		то в	E SUBI	MITTED				
Surname					Title							
Full Name					Initials							
Relation												
D Number												
PO Box /												
Private Bag												
Street Address												
Suburb					Code							
Town												
Tel (H)					Tel (W)							
Cell					(**/							
Email Address												
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autistic Spectrum Disorders		Deal-Bl						Epilepsy			Cerebral Palsy	L
Deafness	Moderate/Severe Intelle					,			n _	╣	Hard of Hearing	
Mild/Moderate IntellectualDisabi										╣		
Severe Intellectually Disabled		Dyslexi	a			Physic	cal Disat	oled	L			
			5. INSTITU	TIONAL ACAD	EMIC BA	CKGRO	DUND					
Secondary School Student			2. University					3. Stude	ent at this	sT۷	/ET College	
4. Student at other TVET College			5. University o	Technology								
Name of last institution attended				Yea				Year con	npleted:			
			6. P	REVIOUS QU	ALIFICAT	ONS						
SCHOOL QUALIFICATIONS				POST SCHOO	LSTUDIES							
Name of School				Name of Institution								
Highest grade passed				Study Direction In which year have you completed Grade 12?								
/ear Highest level passed in the following	a cubicata:			Highest level/symbol passed in the following s					to in O-n-	lo 4	2	
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Grade 12: With Endorsement	\\/\ith	out Endors	sement									
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NUR IEGEO AND LEVEL III		9.	SUBJECTS (TO BE COMPL	ETED BY	EMC (DFFICIA		UD0=:-			BADT
SUBJECTS AND LEVEL: (In full)								CO	URSE LE	VEL	_ FULL-TIME	PART-TIME
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10. UNDERTAKING & CONDITIONS

I hereby declare:

- 1. that the information provided by me on the previous page in this application form is true and correct;
- 2. that I undertake, as a prospective registered student of EMC, to abide by all the rules and regulations of the College, including any amendments thereto and any substitutions thereof;
- 3. that I undertake not to bring any claim, of whatever kind against the College, or any employee of the College, nor in any way to hold the College liable for any damage or loss whatever which I may incur or suffer personally or in property of mine and which directly or indirectly arises from my participation as a student at the College in any activity, concerning my studies, training, sport or recreation, however such damage or loss may come about, and that I will participate in any such activity on my own responsibility and will accept of me own free will the risk attached thereto;
- 4. that I authorize the College in the event of my requiring urgent medical treatment to get appropriate medical assistance and that I accept responsibility for the payment of the costs thus incurred;
- 5. that I should regard myself liable for payment of tuition fees should I not qualify for financial aid;
- 6. that I furthermore undertake to defray all legal costs arising for the College in the event of my failure to discharge any duty relating to the payments mentioned in (5) above;
- 7. that it is my responsibility to make enquiries about commencement of classes and exam dates;
- 8. that I agree that the course level that I am applying for is best suited for my qualifications and abilities.
- 9. I hereby declare that I am an unemployed learner (Applicable for NSF learners only).
- 10. A registration fee as determined by the College Governing Body is payable at the beginning of a course term.
- 11. Cancellation or change of subject(s) or course must be discussed with the Campus Manager and written proof must be submitted.
- 12. No changes of subjects will be accepted after 10 working days of commencement of classes.
- 13. An administration fee will be charged if classes are cancelled within 10 working days from the commencement of the said course.
- 14. Cancellations due to death and terminal sickness will be considered on merit and is subject to the approval of the Principal.
- 15. If classes are abandoned or cancelled for no very sound reason as stipulated in condition 5, the full tuition fee is payable.
- 16. (i) In the event of the student cancelling after 10 working days reckoned from the commencement of the said term 50% of the course fee shall become due and payable irrespective of whether the student changes and/or abandons and/or terminates his/her course of study. (ii) In the event of a student completing 50% of the said course reckoned from the commencement of said term; the full balance of the course fee shall become due and payable irrespective whether the student changes and/or abandons and/or terminates his/her course of study.
- 17. In addition to the aforementioned the student and/or parent and natural guardian where applicable hereby consents to any legal action being instituted for recovering of outstanding fees in the
- 18. In the event of any course fees being outstanding the college shall in its sole discretion be entitled to refuse admission to any defaulting to the final examination at the end of the said course term.
- 19. 80% Class attendance and prescribed minimum term marks are compulsory for each subject in order to gain admission to the final examination at the end of any course term. For learnerships: (i) 80% Attendance per unit standard is compulsary to attempt summative assessment (ii) Only two attempts per summative assessment allowed.
- 20. Students must submit proof of RSA Identification Number (or Study Visa) and previous academic successes
- 21. EMC must be informed in writing within 10 working days of any address changes.

You agree that we may:

- 21.1 Verify information provided by you;
- 21.2 seek information from any credit bureau when assessing your application for credit and at any time during your continuing indebtedness to us including tracing or confirming your whereabouts;
- 21.3 disclose the existence of your account to any credit bureau, sharing both positive and negative payment information about such account.
- 22. Furthermore, you agree that we will be entitled to obtain and disclose the above information:
- 22.1 if we consider that it is necessary or may be of benefit to you;
- 22.2 where we are under legal obligation to do so;
- 22.3 where it is in your own or the public interest that we do so;
- 22.4 furthermore, you agree that you will be held accountable for all collection fees, tracing fees, necessary expenses, interest, collection, commission, legal costs and legal expenses etc. incurred.

SIGNATURE OF STUDENT	DATE
SIGNATURE OF PARENT / GUARDIAN	DATE

The completed application form duly signed by the above student and where applicable, parent or legal guardian represents the formal contract of enrolment with Eastcape Midlands TVET College subject to the conditions referred to above.

WHERE DID YOU HEAD	R ABOL	JT EMC, OR WHAT MADE YO	DU DI	ECIDE TO STUDY AT EMC (C	HOC	DSE AS MANY AS APPLICABI	LE)
Newspaper adverts		Career expo		Social Media		School guidance teacher	
EMC Website		Friends or family		Radio advert		Visit to school by EMC	
Open Day		Community leader / pastor		Brochure / poster / banner		Other	