

APPLICATION FORM

SURNAME											
NAME											
APPLYING FOR ACADEMIC YEAR											20
YEAR PROGRAMME			SEMESTER	1	2	TRIMESTER	1	2	3		
PROGRAMME I WISH TO APPLY FOR:											
APPLICATION DATE											
STUDENT NUMBER	1	4	1								

PHONE AND EMAIL ADDRESSES

Home landline	Area-Code												
SA Cell number													
Additional SA Cell													
Email address													

PARENT / FAMILY MEMBER CONTACT DETAILS

Name of person													
Relation													
Home Number													
Work Number													
Cell Number													

STUDENT APPLICATION FORM

Please note the documentation you must submit with your application, which is listed on the next page.

Applying for Academic Year	20	Whole year programme	Semester	1	2	Trimester	1	2	3
Programme I wish to apply for	Specify course name and level								
If unsuccessful, I am 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 overleaf

STUDENT NUMBER 1 4 1

Surname																					
Title	Mr	Ms	Other:															Initials			
First Names	Write them exactly as they are on 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				

WHERE DID YOU LEARN ABOUT THE COLLEGE OF CAPE TOWN? 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	
Website		From a friend		From College staff			
Other		Specify					

WHAT WERE YOU DOING LAST YEAR?

School Name if you were at school last year												
University Student	01	Unemployed	16	Employed	15	Other	Specify	09				
Grade 12 Learner	08	Grade 11 Learner	10	Grade 10 Learner	11	Grade 9 Learner	12					
College of Cape Town	13	Other TVET 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.*

Flat Number and Flat or Building name or PO Box													
Street No. and Street Name													
Postal Code					Town							Town must match Postal Code	

Physical Residential Address when studying *Must be the actual address you live at*

Flat Number and Flat or Building name												Must not be a PO Box	
Street No. and 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, spouse or other close relative to be contacted in case of emergency*

Next-of-Kin	Title	Mr	Ms	Other	Initials					Surname				
Relationship to you														
Flat Number and Flat or Building name												Also use for PO Box address		
Street No. and 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 *These are medically certified conditions that may impact on your access to learning*

None	18					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 an application only. If you are successful you will be invited to Register. You become a student of the College of Cape Town 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 required 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.

Signature of Applicant	Date of Application	Signature of Guardian <i>If Applicant is not yet 18 years old</i>

Completed applications must be hand delivered to the CAMPUS, or faxed to the CAMPUS, or posted to PO Box 1054, CAPE TOWN, 8000

Please attach copies of the following documents:

- **Certified copy of highest academic qualification/ school grade**
- **Certified copy of ID document**
- **Certified copy of proof of address**
- **Please note that certified documents must not be older than 3 months**

College Administration Official use	Chk	Name (print) / Signature	Date
Acknowledgement of Application sent (SMS)			
Signoff on Capture			
Approval of Application			
Student informed of approval			

Campus Details

Central Office:	021 404 6700	Crawford Campus:	021 696 5133	Pinelands Campus:	021 531 2105
Athlone Campus:	021 637 9183	Gardens Campus:	021 461 9418	Thornton Campus:	021 531 9124
City Campus:	021 462 2053	Guguletu Campus:	021 638 3131	Wynberg Campus:	021 797 5540