

# HI-TECH COLLEGE

## REGISTRATION FORM

REG NO: HC \_\_\_\_\_

**LEARNER/PERSONAL INFORMATION:**

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other (Specify) :						
First Name:							
Middle Name(s):							
Surname:						Employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identity No:						Type of ID:	<input type="checkbox"/> RSA <input type="checkbox"/> Non-RSA
Nationality:	<input type="checkbox"/> RSA <input type="checkbox"/> Other (Specify) : If OTHER, attach certified copies of documents indicating your status e.g. Permanent residence, Study permit, etc.						
Date of Birth:							(ccyy/mm/dd) Age: _____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female						
Population Group:	<input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other (Specify):						
Do you have a disability*, as contemplated in the Employment Equity Act 55 of 1998?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Specify):						

**LEARNER CONTACT DETAILS: (You must provide at least one phone number where you can be reached. Both physical AND postal addresses MUST be completed.)**

Tel No (H):		Tel No (W):	
Mobile No:		Fax No:	
E-mail:			
Postal Address:			
		Code:	
Residential Address:			
Rural/Urban Area?		Code:	
Local/District Municipality:			
Province:	<input type="checkbox"/> Eastern Cape <input type="checkbox"/> Free State <input type="checkbox"/> Gauteng <input type="checkbox"/> KwaZulu-Natal <input type="checkbox"/> Limpopo <input type="checkbox"/> Mpumalanga <input type="checkbox"/> Northern Cape <input type="checkbox"/> North West <input type="checkbox"/> Western Cape		

**LEARNER GENERAL DETAILS:**

Highest School Qualification:	
Highest Qualification:	
Home Language:	

**DECLARATION BY APPLICANT (MUST be completed)**

I, \_\_\_\_\_ (full names), declare, to the best of my knowledge, that all the information provided is complete and correct.

Signed at \_\_\_\_\_ on this, the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_

**Applicant Learner**

\*The Employment Equity Act, 55 of 1998, defines a disability as a long-term or recurring physical or mental impairment, which substantially limits prospects of entry into, or advancement in, employment.