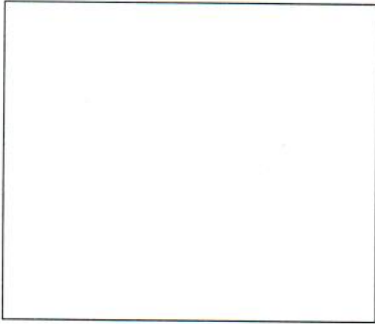


RATLOU LOCAL MUNICIPALITY TELECENTERS ENROLMENT FORM



**NATIONAL CERTIFICATE: INFORMATION TECHNOLOGY: END USER COMPUTING SAQA ID 49077
ACCREDITATION STATUS: ACC 2010/06/696**

Consent to collect and process personal information:

I/We, the undersigned applicant/parent/legal guardian, hereby consent to the collection and processing of my personal information for the purpose of processing this application form and all relevant administrative and governance purposes relating thereto. I/We confirm that the personal information supplied is true and accurate and that I/We acknowledge that it is adequate, relevant and not excessive. Telecenter may request applicants to provide certified copies of final Grade 12 results together with all other relevant documents for registration.

SECTION A: PERSONAL DETAILS

1. Identity Number

2. Title (Mr/Ms/Mrs/Dr/etc.)

3. Initials

4. Surname

5. First Names

6. Date of birth

7. Gender Male Female

8. Home Language

9. Population group (compulsory) (Information required for government reporting purposes)

African	Coloured	Indian	White	Other
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10. Citizenship, indicate your country of origin

SECTION D: HIGHER EDUCATION QUALIFICATION

1. Previous Higher Education Studies

Year from	Year to	Higher education institution	Field of study (e.g. BA, BCom, MSc (Zoology))	Result (e.g. cancelled, failed, degree obtained)

SECTION E: OTHER PARTICULARS

1. Do you have a disability?

Please indicate with a tick in either of the boxes below:

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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1.1 If "Yes", please indicate categories that have with a tick the nature of your disability under the been listed below

Physical	Visual	Learning	Hearing
Cerebral Palsy	Blindness	Dyslexia	Deafness
Paraplegic	Low vision	ADD/ADHD	Partial Hearing
Quadriplegic	Partially sighted	Dyscalculia	
Impaired mobility			

Speech	<input type="checkbox"/>
Speech impairment	<input type="checkbox"/>

Other:

1.2 In order for the *Office: People with Disabilities* to best facilitate support and reasonable accommodation, please provide in detail the nature of your disability e.g. use of wheelchair, crutches.

Prospective students are encouraged to disclose the status of their disability, as the university needs to determine reasonable accommodation required in order to support the applicant.

Please note: Selection is based on academic performance and not on your disability

SECTION H: APPLICATION AGREEMENT

1. I/we hereby consent to the collection and processing of my/our personal information as stated on Page 1 of this application form.
2. I/we understand that this document in no way whatsoever constitutes a registration form and/or agreement with Telecenter and that, upon the applicant's application being successful, the applicant will have to complete and sign a registration form incorporating the student agreement.
3. I/we confirm that the signature(s) on this application form is/are my/our own and that Telecenter may accept this/these signature(s) as being my/our true signature(s). I/we understand and acknowledge that it is in the discretion of the Telecenter not to process this application if the application contains any false or misleading information or signatures.
4. I hereby consent for the payment of all monies owed by me to the Municipality as a student.

Note:

ALL APPLICANTS TO COMPLETE AND SIGN AN APPLICANT UNDER THE AGE OF 16 MUST HAVE THIS FORM SIGNED BY EITHER A PARENT OR A LEGAL GUARDIAN.

1. I hereby declare that this information is correct
2. I hereby declare that this information is correct

Initials and surname of **applicant** (name in print)
(name in print)

Initials and surname of parent/legal guardian

Signature of **applicant** (Duly assisted by his/her
Parent/legal guardian, as may be required by law)

Signature of parent/legal guardian (name in print)

Date

Date