

FOR OFFICE USE ONLY

Student No:

APPLICATION FOR ADMISSION

1. A non-refundable administration fee of **R500** for application, and certified copies of your identity document, Senior Certificate/National Senior Certificate and all other relevant documents must accompany the completed application form.
2. If you pay the application fee electronically or at a bank, the proof of payment must accompany the application form.

<p>The application fee can be deposited beforehand at:</p> <p>Bates College of Technology (PTY) Ltd FNB Account Number: 62482946278 Reference: Student ID</p>	<p>All Application forms should be hand delivered to the registrar at your campus of choice</p>
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PROPOSED QUALIFICATION

Application for admission: 20

Choice of study:

Type of proposed study: Full Time Part Time Exam Only

PERSONAL DETAILS

Surname:

Initials: Title: Mr Mrs Miss Dr Prof Other.....

Full names:

Preferred name known by:

If married, maiden name:

Date of birth: Gender: Male Female

Identity number:

Passport number:

Home language: Afrikaans Sepedi Xitsonga
English Setswana Tshivenda
Sesotho Isixhosa IsiNdebele
SiSwazi Isizulu

If other, please specify:.....

Marital status: Single Married Divorced Widow(er)

Citizenship: Non-South African citizens, indicate your country of origin

Angola Countries in Europe Mozambique
Botswana Countries in North America* Swaziland
Countries in Africa* Countries in South America* Namibia
Countries in Asia* Lesotho Zambia
Countries in Australia and Oceania* Malawi Zimbabwe

Countries in *, please specify:

Study permit number:..... Expiry date:

Type of citizenship: RSA Other with permanent residence permit for South Africa

Other without permanent residence permit for South Africa Diplomatic Refugee

If other, please specify:

Where did you hear about BCT?

Flyer Former student SMS
Radio programme Social Media Internet
School Visit Open Day Word of mouth

ADDRESSES

APPLICANT'S POSTAL ADDRESS

Postal code																											
Telephone (H):														Telephone (W):													
Cell:														Fax													
E-mail:																											

APPLICANT'S RESIDENTIAL ADDRESS (Post office box must not be indicated here)

Postal code																											

PARENTS' ADDRESS (either parents or guardian)

Father Stepfather

Surname:..... Title: Initials:.....

Postal code																											
Telephone (H):														Telephone (W):													
Cell:														Fax													
E-mail:																											

MEMORANDUM OF AGREEMENT

I
declare that :

1. All particulars I provided on this form are true and correct;
2. I will acquaint myself with the rules and regulations of the College
3. I will inform the Registrar immediately, in writing, should I change my address or cancel or change my course or any subjects;
4. I am aware that fees and legal costs will be recovered from me should I fail to fulfill my financial commitments to the College
5. (a) I am capable of concluding an agreement and am legally competent to sign this application, and may therefore enter unassisted into an agreement with BCT
and
(b) I sign this application and enter into an agreement with BCT with the permission of my parents/ Guardian.
6. I accept full responsibility for the payment of all class Fees.

Signature of applicant:

Date:

Herein assisted as far as may be necessary while the applicant or student is still under the age of eighteen years.

I,..... the undersigned, (PRINT FIRST NAMES AND SURNAME)

in my capacity of_____ hereby admit that I am (PARENT OR LEGAL GUARDIAN) to be jointly and separately responsible for the above applicant

Signature of parent or legal guardian:

Date:

NB: unsigned forms will not be processed

INDEMNITY AGAINST CLAIMS FOR LOSS OR DAMAGES

I

(full name), the undersigned, hereby declare that I (including my dependants) shall not institute any claim of any nature whatsoever against BCT or any employee of BCT acting within his or her employment capacity, nor shall I in any way whatsoever hold BCT responsible for any loss or damage that I may suffer in person or in respect of any property of mine, or which may directly or indirectly arise from my commitment, as a registered student at BCT, resulting from any act or omission whatsoever during the full period of my tuition and/or practical's, or during any sport activity that I undertake or tuition or practical training or with regard to any activities at practical training locations, regardless of the way in which such loss or damage may occur and regardless of who or what may be responsible. I undertake to participate in any activity that I am expected to participate in, on my own responsibility, voluntarily taking on any risk I may expose myself to in connection with any such activity.

I hereby confirm that I will timeously acquaint myself with all the information and rules in connection with practical training, and that I am, as a registered student of BCT bound to adhere to the General Rules and Regulations of BCT.

I understand that the terms and conditions of this indemnity shall remain in force for the duration of my studies at the College.

I furthermore declare that, in case I am injured in such a manner that I cannot personally give consent to any medical treatment or medical intervention that I may be in dire need of, the supervisory staff may sign the necessary letters of consent on my behalf.

Thus signed aton

this day of20.....

Student's signature:

Signature of parent/guardian, if applicable:

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(if student is a minor)