



APPLICATION FORM										Student No:															
PLEASE PRINT. USE A PEN WITH BLACK INK. PLEASE MARK RELEVANT BLOCKS WITH 'X'. BOLD FIELDS ARE COMPULSORY.										CAMPUS AT WHICH YOU ARE APPLYING? Please mark relevant block with 'x'															
(Office use)					Means test done (tick ✓)					Dower					041-4812171										
Receipt no.					Signature of Bursary Officer					Iqhayiya (Struandale)					041-4013800										
Amount paid					Biographical done by:					Russell Road					041-5857771										
R					Registration done by:																				
Signature of Financial officer																									
A. PERSONAL DETAILS:																									
Title:		MR	MISS	MRS	DR	REV	Initials:						Year:			2	0	1	4						
Surname:																									
First Names:																									
Alternate Names:																									
Birth Date:		d	d	m	m	y	y	y	y					Gender:		Female			Male						
ID Number:												Passport Number:													
Marital Status:		Single			Married			Divorced			Widow/er			Preferred Language:				English			Alternate				
Current Occupation:												Home Language:													
Study Permit No (if not SA Citizen):										Vehicle Registration:															
B. CITIZENSHIP / ETHNICITY:																									
Resident:		Yes	No	Permanent	Ethnic Group:			White			Coloured			Indian			Black			Asian					
Citizenship (which country?):																									
C. FINANCIALS:																									
Student type:		Normal			Source of Funding:			Normal			Funding by other Government			Private body			Bursary Required:		Yes	No	Employer Name:				
D. MISCELLANEOUS:																									
Where did you hear about the College? :				Friends	Teachers	Family	Radio	Talk at School	Our Website	Promotional Items	Community Newspaper	Magazines	Other (please specify)												
Do you plan to Study Elsewhere:			Yes	No	If so, mention your External Exam Number:																				
E. POST SCHOOL DETAILS:																									
Activity last Year (What did you do last year?):		Employed			Unemployed			Gr 9 Learner			Gr 10 Learner			Gr 11 Learner			Gr 12 Learner			Student at Port Elizabeth FET College			Other		
		OR did you Study at another FET College / Other Institution? If so, indicate below WHICH institution and your Student or Exam No.																							
Name of College/Institution:															Student/Exam No:										
Highest Grade Passed:		Matric Date:			y	y	y	y	m	m	Matric Aggregate:														

CANCELLATION:	Reason for Cancellation:		Date Cancelled:		Student Signature confirming Cancellation:	
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F. CONTACT DETAILS OF STUDENT:

Student Postal Address:	Number and Street																
	Suburb																
	Town																
												Postal code:					
Study Address:	Number and Street																
	Suburb																
	Town																
												Postal code:					
Contact Telephone Numbers:	Cell Number					Home Number					Work Number						
E-mail Address:																	

G. CONTACT DETAILS OF PARENT / GUARDIAN / PERSON WHO MUST RECEIVE ACADEMIC REPORTS:

Title	MR	MISS	MRS	DR	REV	Initials				Surname							
Physical Address:	Number and Street																
	Suburb																
	Town																
												Postal code:					
Contact Telephone Numbers:	Cell Number					Home Number					Work Number						
E-mail Address:																	

H. CONTACT DETAILS OF PARENT / GUARDIAN / PERSON WHO MUST RECEIVE FINANCIAL REPORTS:

Title	MR	MISS	MRS	DR	REV	Initials				Surname							
Physical Address:	Number and Street																
	Suburb																
	Town																
												Postal code:					
Contact Telephone Numbers:	Cell Number					Home Number					Work Number						
Guardian's ID Number:											GUARDIANS ID NUMBER FOR BURSARY PURPOSES ONLY						
E-mail Address:																	

I. DISABILITIES: Do you have a medical condition or disability? If so, please indicate with an 'x' below:

None	Behavioral Disorder	Deaf/Blind Disabled	Hard of Hearing	Partially Disabled	Severe Intellectually Disabled
Attention Deficit Disorder	Blind	Deaf	Mild/Moderate Intellectually Disabled	Psychiatric Disorder	Specific Learning Disabled
Autistic Spectrum Disorder	Cerebral Palsied	Epilepsy	Multiple Disabled	Profound Intellectually Disabled	Dyslexia

J. CURRENT EMPLOYMENT STATUS (Please indicate with an 'x') (APPLICABLE ONLY TO STUDENTS APPLYING FOR SKILLS, LEARNERSHIPS OR OTHER COURSES):

EMPLOYED		SELF - EMPLOYED		
UNEMPLOYED		STUDENT		
INDUSTRY:				POSITION IN COMPANY
NAME OF COMPANY				PERIOD IN POSITION

DECLARATION BY APPLICANT

(must be completed by all applicants)

I, the undersigned (applicant and parent / guardian):

✓ Undertake to acquaint myself with the information booklet that will be provided to me that explains the code of conduct, ISAT & ICASS mark requirements, attendance regulations, etc.

✓ Undertake to inform the division (secretary) of any change of my contact details.

In terms of Section 32 of the Aliens Control Act [Act 96 of 1991], I declare that I am:

a citizen of the RSA A legal alien entitled to study at PEC Resident in the Eastern Cape

I declare that the information, which I have furnished, on this form is, to the best of my knowledge true and correct and any false declaration may result in my application being rejected.

I hereby exempt the Port Elizabeth College from any liability resulting from my own negligence or indiscipline.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT / GUARDIAN

DATE