

DISTANCE LEARNING APPLICATIONS FORM

 <p>SALITIG TRAINING COLLEGE Take your knowledge to the next level</p>	<h2 style="margin: 0;"><u>LEARNER REGISTRATION FORM</u></h2> <p>FREE COURSE, COMMUNITY DEVELOPMENT AND TRAINING</p> <p>PAY ONLY FOR GRADUATIONS/ AND PHOTOS</p> <p>56 VAN DER BIJL STREET, RUSSELS BUILDING (ON TOP OF RUSSELS) OFFICE NO: 1</p> <p>Email: mysalitigtrainingcollegetbzm@gmail.com WEB: www.salitigtrainingcollege.co.za TEL: (015) 065 0554 // CELL: 0767614871 // FAX: 086 260 7676</p>
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(Complete ALL sections of this application form and attach an original copy of your ID Document)

Section 1 – Applicant details

NAME OF COURSE APPLIED:	
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Personal details

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	Other (please specify)	
Full Name(s)			
Surname			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Race:	AFRICAN <input type="checkbox"/>	COLOURED <input type="checkbox"/>	INDIAN <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER <input type="checkbox"/>
ID NO:			
Date of birth	D D / M M / Y Y Y Y <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Do you live in a Rural or Urban Area	Rural <input type="checkbox"/>	Urban <input type="checkbox"/>	

Current residential address

Home Address						
City/Town				Postcode		
County						
Telephone number	Country code	+27	Area/City code		Number	
Mobile number	Country code	+27	Area/City code		Number	
Personal email address (please print very clearly)						

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Section 2 – Education and Qualifications

Tertiary Education

University attended	
Qualifications Studied	
Date of graduation	

High School Education

High School attended	
Highest Grade Passed	
Year	

Payment details

All Payments MUST be paid at the Bank and Submit a copy of the receipt to Salitig Training College

You must ensure that you use your "Full Names ID number and Contact Details" as your reference

**Please use the following reference when making payment.
Your reference should include your Name, Surname, ID Number and Contact Details**

**Eg: MR C BALOYI
Cell: 076 7614 871**

Section 5 – The applicant's declaration

- I am applying to Salitig Training College for admission as a Student
- I confirm that I am willing and able to comply with the Colleges Terms and Regulations.
- I understand that to withdraw/dropout from the course I must inform the College of my dropping out/withdrawal and that after payment of any books, learning material or any other property given to me by the College, I will be free from these obligations. Failure to pay shall result in summons being served on me, PHOTOES FEES R200.00

Name (BLOCK CAPITALS)			
Signature		Date	

Please complete the following

I have enclosed certified copies of ID and all education certificates referred to in the application	<input type="checkbox"/>
I have signed and dated the applicant's declaration	<input type="checkbox"/>