

# STUDENT APPLICATION FORM

Please not	te the	doc	ume	entati	ion you m	ust s	subr	nit wi	th you	ır apı	olica	ation, wł	hich is	list	ed on the last p	page		
Applying fo	r Aca	dem	nic Y	ear	202				ole ye			Seme	ster 1	2	Trime	ester	1 2	2 3
Programme	e that	l wi	sh to	арр	ly for		Spe	ecify o	course	nam	e a	nd level						
If unsucces	ssful I	am	to pr	epar	ed to app	ly fo	r Specify course name and level (If applicable								ıle)			
My third ch	ne is	Speci	fy co	urse	e nam	ne and	d leve					(1	f app	licab	le)			
STUDEN	T PE	RS	ON	AL	DETAIL	S			* See	POP	'l de	eclaratio	n on P	age	e 4			
			<b>0</b> T I													1		
				_	NT NUI			пе уоиі	<sup>r</sup> Studer	nt Num	ber		2 (					
Surname																		
Title	Mr I	VIs	Othe	er:					I	Initia	ls							
First Name Write them	_	tly_	as tl	hey a	are in you	r ID	doci	umen	t									
Birth Date	D	D	-	M	M M	-	)	/ Y	Y	Υ	e.	g. 12-DE	EC-199	95	Gender		M	F
Marital sta	tus	Sin	gle	S	Married	М	I	Divord	ced	D	W	/idow/er	W	/				
Ensure that	t your	idei	ntity	numi	ber is exa	ctly a	as it	арре	ars in	your	ID	docume	nt	·				
RSA ID No																		
	l e																	
Occupatio	n																	
Home Lang	guage	е																
Ethnic Gro	up					V	Vhite	e, Co	loured	l, Indi	an,	African,	other					
Bursary: If fees are no		-			-	awaı	rded	l, l un	dersta	and it	car	n be can	celled	if	Bursary Applica	ation	Υ	N

Tel: 012 516 0000 Email: info@saaac.co.za

SAAAC Prestige College Campus

SAAAC Prestige College Campus 116 Elke Street, Hammanskraal, 0400

www.saaac.co.za



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# WHERE DID YOU FIND OUT ABOUT SAAAC PRESTIGE COLLEGE? Please tick all applicable

Advice Desk		Billboards		Call Centre		Career Expo	
Facebook		Information session		Magazine/guide	spe	cify	
Newspaper	spe	cify		Open Day		Pamphlets	
Parents' Evening		Radio	spe	cify		Posters	
School Visit		SMS		Twitter		Vehicle Branding	
Web Site		From a friend		From College staff			
Sports Coach		specify		Youth Development Initi	ative		

### **TELL US ABOUT YOUR STUDIES LAST YEAR**

School Name if you we	re at	school last year					
SAAAC	01	Unemployed	04	Employed	07	Grade 9 Learner	10
Grade 12 Learner	02	Grade 11 Learner	05	Grade 10 Learner	08	Other	11
University Student	03	FET College	06	Foreign Education	09	specify	

# **EDUCATION**

Highest School Grade PASSED											Final examinati	on Results available?	Υ	N
If you have <b>MATRIC</b> , did you achieve university "Endorsement"/ "Qualifies for Degree"/ "Matric exemption"?										Υ	N			
Matric Date									1					
Matric School name specify														

## PERSONAL CONTACT INFORMATION

**Postal address** Please ensure that all details are correct as the college needs to communicate results to you.

House number /F	lat n	umber	•			Can also be PO Box
Street Name						
Postal Code				Town	Town must match i	Postal Code

#### PHYSICAL RESIDENTIAL ADDRESS WHEN STUDYING

Must be actual address you live at

House number /Flat num	nber		Must not be PO Box
Street Name			
Postal Code		Town	Town must match Postal Code

#### PHONE AND EMAIL ADDRESSES

Home landline	Area-	code	)				-						
SA Cell number	0			-		-	·	·		·			
Additional SA Cell	0												
Email address													

#### **NEXT-OF-KIN CONTACT**

This is your mother, father, guardian, spouse or other close relative to be contacted in case of emergency

Next-of-Kin	Title	Mr	Ms	Other	Ir	itials				;	Surna	ame	
Relationship		·		•		·	•						
House numb	er /Fla	t N	Ю										Also use for PO Box address
Street Name													
Country if no	t South	Afri	ca	·									
Postal Code					Tow	n							Town must match Postal Code
Home landlin	1 <b>e</b>	ountr de	<b>y</b> -	Area	-code			-				Col	untry-code blank for South Africa
Cell phone N	Ο. Ι	ou ni ode	ry	Area	-code			-				Col	untry-code blank for South Africa
Email addres	SS										•		
RSA ID No.												ID nu	mber of Next-of-Kin

#### **DISABILITIES**

This section must be completed by all students

Students must declare all disabilities in order to quality for support from the College. The College will not be held liable if students withhold information about their disability status.

Please also complete the Disability Declaration Form if you indicate a disability.

Please indicate your disability status by marking (x) in the section below.

None	18	Other (please specify):		Attention Deficit Disorder	01		
Autistic Spectrum	02	Behavioural Disorder	03	Blindness	04	Cerebral Palsy	05
Deafness	06	Deaf-Blindness	07	Epilepsy	80	Hard of Hearing	09
Mild/Moderate Intellectual Disability	10	Moderate/Severe Intellectual Disability	11	Partial Sight/Low Vision	12	Physical Disabled	13
Severe Intellectually	14	Specific Learning Disability	15	Psychiatric Disorder	16	Dyslexia	17

#### **IMPORTANT NOTICES**

1. This is an application only. If your application is successful you will be invited to Register. You become a student of SAAAC Prestige College Campus only once we have issued an official proof-of-registration printout. Incomplete applications or those not accompanied by all the required documentation will not be processed.

## 2. POPI declaration (Protection of Personal Information Act)

Where required in terms of national policies the College must, and will, share your personal information. In particular your data *will* be shared with national departments such as the Department of Higher Education (DHET); QCTO, ICB, CTH and with prospective Work Placement host employers. The College is unable to avoid this.

I/We the undersigned declare that all information provided herein is in full, true and correct and acknowledge that incomplete or incorrect information will result in the application being summarily rejected. I/We further agree to my personal data being shared as required.

Signature of applicant	Date of application	Signature of Guardian
Includes acceptance of POPI declaration		If applicant not yet 18 years

## Please attach copies of the following documents:

- Certified copy of highest academic qualification/ school grade
- Certified copy of ID document
- Certified copy of proof of address

Note that copying a certified document makes it invalid.

Banking Details: SAAAC, FNB, Acc No: 6252 8936 810, Cheque Account, Reference: Your ID.

College Administration Official use										
	Name [print]	Signature	Date							
Application Received										
[Info for SMS to student sent to Marketing]	[Sent from campus by]									
Captured on ITS by Student Administration										
Approval of Application										