



ORBIT FET COLLEGE APPLICATION FORM

Note: This form is not a proof of registration - you are registered at ORBIT FET College when you receive a proof of registration printout.

ADMINISTRATION		DATE ISSUED	dd / mm	CLASS GROUP	
		CAMPUS / SITE	PREVIOUS STUDENT	Y N	YEAR
CORPORATE CENTRE	1	STUDENT NO.	1 1		
BRITS CAMPUS	2	STUDENT SUPPORT	NAME / SURNAME	DATE	APPROVED
MANKWE CAMPUS	3	CAPTURED ON ITS BY	NAME / SURNAME	DATE	CAPTURED
RUSTENBURG CAMPUS	4	VERIFIED DATA	NAME / SURNAME	DATE	VERIFIED

Please complete the form in print. Mark with a X where applicable (* COPY = Certified Copies)

(A) STUDENT

BURSARY FORM	Y	N
--------------	---	---

FIRST TIME ENROLMENT / NEW STUDENTS ONLY (CAP)

→ NOTE: REMEMBER YOUR CALCULATOR & PEN

SREGB-1 (p3) SREGL-4	PLACEMENT ASSESSMENT	DATE	dd - mon - 201	TIME	hh : mm	VENUE						
	PLACEMENT LETTER	DATE	dd - mon - 201	RECEIPT NO.	PLACEMENT FEE	Dep Slip	Y N					
	PLACEMENT OPTION	OA	FEA	GM	CIVIL	ENG	TOUR	HOSP	ICT	ELEC	OTHER	
TITLE	Mr	Ms	OTHER					INITIALS				
SURNAME												
FIRST NAMES (AS ON ID)												
SREGB-4	BIRTH DATE (e.g. 05-Sep-1980)	dd - mon -	yyyy	GENDER	M	F						
	ID NUMBER (R.S.A.)										ID*COPY	Y N
FOREIGN / INTERNATIONAL STUDENTS ONLY				*SAQA	Y	N	*Permit	Y	N	*Passport	Y	N
CITIZENSHIP				PASSPORT NUMBER								
STUDY PERMIT NO.				EXPIRY DATE	dd - mon -	yyyy						

(B) STUDENT CONTACT DETAILS

SREGB-4	ADDRESS (POSTAL)								TOWN/CITY	CODE
	ADDRESS (HOME)								TOWN/CITY	CODE
	ADDRESS (STUDY)								TOWN/CITY	CODE
	TELEPHONE (Cell)								TEL (h) ()	TEL (w) ()

(C) BIOGRAPHICAL INFORMATION

SREGB-1 (p 1 & 2)	MARITAL STATUS	SINGLE	S	MARRIED	M	DIVORCED	D	WIDOW/ER	W	BURSARY REQUIRED	Y	N			
	HOME LANGUAGE	Afrikaans	A	English	B	IsiNdebele	C	Sepedi	D	SiSwati	E	Xitsonga	F	Tshivenda	G
	ETHNIC GROUP	Setswana	H	IsiXhosa	I	IsiZulu	J	Sesotho	K	Sign Language	L	Other	M	STUDENT TYPE/S	
	WHITE	1	COLOURED	2	INDIAN	3	BLACK	4	NORMAL	N	SKILLS	S			

(D) WHERE DID YOU HEAR ABOUT ORBIT FET COLLEGE?

SREGB-1 (p2) Where Heard	(MEDIA DETAIL)	Advice Desk		Newspapers	SPECIFY		Promotional Item			
	SPECIFY or OTHER	Billboards		Open Day			Radio	SPECIFY		
		Call Centre		Pamphlets			School Visits			
		Career Expo		Parents Evening			SMS			
		Facebook Profile		Posters			Vehicle Branding			
		Information Sessions		PR Visits			Website			
		Magazine / Guides	SPECIFY		Promotional Campaign			Word of Mouth		

(E) HEALTH

SPECIFY IF APPLICABLE

ALLERGIES	SPECIFY	
ASTHMA		
BLOOD DISORDER		
CARDIAC CONDITION		

PSYCHIATRIC	
CHRONIC MEDICATION	
DIABETES	
NONE	

MEDICAL AID	
MEDICAL AID NO.	
DOCTOR	
DOCTOR TEL.	
AMBULANCE	

(F) PARENT(S) / GUARDIAN(S) / NEXT OF KIN

INITIALS AND SURNAME

Mr	Ms	OTHER	INITIALS	SURNAME	RELATIONSHIP
----	----	-------	----------	---------	--------------

ADDRESS (Postal)

TOWN/CITY	CODE
-----------	------

TELEPHONE (Cell)

TEL (h) ()	TEL (w) ()
-------------	-------------

ID NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(AND/OR)

INITIALS AND SURNAME

Mr	Ms	OTHER	INITIALS	SURNAME	RELATIONSHIP
----	----	-------	----------	---------	--------------

ADDRESS (Postal)

TOWN/CITY	CODE
-----------	------

TELEPHONE (Cell)

TEL (h) ()	TEL (w) ()
-------------	-------------

ID NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(G) EMPLOYER AND/OR PERSON RESPONSIBLE FOR ACCOUNTLetter **Y** **N**

NAME OF EMPLOYER

--

EMPLOYER ADDRESS

TOWN/CITY	CODE
-----------	------

CONTACT PERSON

Mr	Ms	OTHER	INITIALS	SURNAME	TEL ()
----	----	-------	----------	---------	---------

(AND/OR)

CONTACT PERSON

Mr	Ms	OTHER	INITIALS	SURNAME	RELATIONSHIP
----	----	-------	----------	---------	--------------

PERSON'S ADDRESS

TOWN/CITY	CODE
-----------	------

TELEPHONE (Cell)

TEL (h) ()	TEL (w) ()
-------------	-------------

(H) DISABILITY

SPECIFY IF APPLICABLE

Attention Deficit Disorder	01	Deaf/Blind Disabled	07	Physical Disabled	13
Autistic Spectrum Disorder	02	Epilepsy	08	Severe Intellect Disabled	14
Behavioural Disorder	03	Hard of Hearing	09	Specific Learning Disabled	15
Blind	04	Mild/Mod Intell Disabled	10	Psychiatric Disorder	16
Cerebral Palsied	05	Multiple Disabled	11	Dyslexia	17
Deaf	06	Partially Disabled	12	None	

(I) PREVIOUS ACTIVITY and STUDENT SCHOOL DETAILS (Please complete both fields)***Results** **Y** **N**

ACTIVITY LAST YEAR

University Student	01	National Service	06	Other FET College	14
--------------------	----	------------------	----	-------------------	----

SPECIFY IF APPLICABLE

Teacher's Training College	02	Labour Force	07	Employed	15
----------------------------	----	--------------	----	----------	----

Technikon Student	03	Other	SPECIFY	09	Unemployed	16
-------------------	----	-------	---------	----	------------	----

College of Nursing Student	04	ORBIT FET College	13	Foreign Education	17
----------------------------	----	-------------------	----	-------------------	----

Technical College Student	05				
---------------------------	----	--	--	--	--

SCHOOL & HIGHEST GRADE

Grade 12 Learner	08	Grade 10 Learner	11	Name of School
------------------	----	------------------	----	----------------

Grade 11 Learner	10	Grade 9 Learner	12	
------------------	----	-----------------	----	--

Signature: Student

Date

Student: Initials & Surname

Signature: Parent/Guardian

(If student is a minor)