



STUDENT APPLICATION FORM

Please note the documentation you must submit with your application, which is listed on the last page

Applying for Academic Year	202	Whole year programme	Semester	1	2	Trimester	1	2	3	
Programme that I wish to apply for		Specify course name and level								
If unsuccessful I am to prepared to apply for		Specify course name and level						(If applicable)		
My third choice programme is		Specify course name and level						(If applicable)		

STUDENT PERSONAL DETAILS

* See POPI declaration on Page 4

ITS NUMBER

If you are accepted this will become your Student Number

1

4

Surname															
Title	Mr	Ms	Other:									Initials			
First Names...															
Write them exactly as they are in your ID document															
Birth Date	D	D	-	M	M	M	-	Y	Y	Y	Y	e.g. 12-DEC-1995	Gender	M	F
Marital status	Single	S	Married	M	Divorced	D	Widow/er	W							
Ensure that your identity number is exactly as it appears in your ID document															
RSA ID No.															

Occupation															
Home Language															
Ethnic Group	White, Coloured, Indian, African, other														
Bursary Are you paying the fees yourself or are you applying for a DHET bursary	Bursary Application												Y	N	



WHERE DID YOU LEARN ABOUT THE COLLEGE OF CAPE TOWN? *Please tick all applicable*

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

TELL US ABOUT YOUR STUDIES LAST YEAR

School Name if you were at school last year							
University Student	01	Unemployed	16	Employed	15	Grade 9 Learner	12
Grade 12 Learner	08	Grade 11 Learner	10	Grade 10 Learner	11	Other	09
College of Cape Town	13	Other FET College	14	Foreign Education	17	specify	

EDUCATION

Highest School Grade PASSED				Final examination Results available?		Y	N					
If you have MATRIC , did you achieve university "Endorsement"/ "Qualifies for Degree"/ "Matric exemption"?						Y	N					
Matric Date	D	D	-	M	M	M	-	Y	Y	Y	Y	e.g. 12-DEC-2013
Matric School name	specify											

PERSONAL CONTACT INFORMATION

Postal address *For communication from the College, results, etc.*

House number /Flat number							<i>Can also be PO Box</i>
Street Name							
Postal Code					Town	<i>Town must match Postal Code</i>	

PHYSICAL RESIDENTIAL ADDRESS WHEN STUDYING*Must be actual address you live at*

House number /Flat number												<i>Must not be PO Box</i>			
Street Name															
Postal Code												Town			<i>Town must match Postal Code</i>

PHONE AND EMAIL ADDRESSES

Home landline	<i>Area-code</i>							-						
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	Initials					Surname					
Relationship to you															
House number /Flat number											<i>Also use for PO Box address</i>				
Street Name															
Country if not South Africa															
Postal Code					Town						<i>Town must match Postal Code</i>				
Home landline	<i>Country-code</i>	<i>Area-code</i>						-				<i>Country-code blank for South Africa</i>			
Cell phone No.	<i>Country-code</i>	<i>Area-code</i>						-				<i>Country-code blank for South Africa</i>			
Email address															
RSA ID No.														<i>ID number of Next-of-Kin</i>	

DISABILITIES*This section must be completed by all students*

Students must declare all disabilities in order to qualify 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 Disorders	02	Behavioural Disorder	03	Blindness	04	Cerebral Palsy	05
Deafness	06	Deaf-Blindness	07	Epilepsy	08	Hard of Hearing	09
Mild/Moderate Intellectual Disability	10	Moderate/Severe Intellectual Disability	11	Partial Sight/Low Vision	12	Physical Disabled	13
Severe Intellectually Disabled	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 the College of Cape Town 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) and with prospective Work Placement host employers. Your details may also be shared with external partners of the College in order to provide additional services to students. 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 <i>Includes acceptance of POPI declaration</i>	Date of application	Signature of Guardian <i>If applicant not yet 18 years</i>

<p>Please attach the following certified documents:</p> <ul style="list-style-type: none"> • Copy of highest academic qualification/ school grade • Copy of ID document • Copy of proof of address <p>Note that copying a certified document makes it invalid.</p>	<p>Deliver to:</p> <p>The relevant Campus or Post: PO Box 1054 Cape Town, 8000 Fax: 021 404 6701 Email: info@cct.edu.za</p>
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College Administration Official use

	Name [print]	Signature	Date
Application Received <i>[Info for SMS to student sent to Marketing]</i>	[Sent from campus by...]		
Captured on ITS by Student Administration			
Approval of Application			