



higher education & training

Department:  
Higher Education and Training  
REPUBLIC OF SOUTH AFRICA

**KING SABATA DALINDYEBO**

Technical & Vocational  
Education & Training College



## KSD TVET COLLEGE APPLICATION FORM

Please complete the entire form in print & black ink.

Mark with an X where applicable.

MTHATHA CAMPUS	<input type="checkbox"/>	ENCOBO CAMPUS	<input type="checkbox"/>	MNGAZI CAMPUS	<input type="checkbox"/>	MAPUZI CAMPUS	<input type="checkbox"/>
NTABOZUKO CAMPUS	<input type="checkbox"/>	ZIMBANE CAMPUS	<input type="checkbox"/>	LIBODECAMPUS	<input type="checkbox"/>		

QUALIFICATION APPLYING FOR																	
Report 191	CIVIL	<input type="checkbox"/>	PR	<input type="checkbox"/>	MM	<input type="checkbox"/>	HR	<input type="checkbox"/>	NC(v)	OA	<input type="checkbox"/>	TOUR	<input type="checkbox"/>	CIVIL	<input type="checkbox"/>	TRANS	<input type="checkbox"/>
	ELEC	<input type="checkbox"/>	HR	<input type="checkbox"/>	PM	<input type="checkbox"/>				FEA	<input type="checkbox"/>	HOSP	<input type="checkbox"/>	EIC	<input type="checkbox"/>	MARK	<input type="checkbox"/>
	MECH	<input type="checkbox"/>	BM	<input type="checkbox"/>	WATER	<input type="checkbox"/>	PM	<input type="checkbox"/>		PRI AGRIC	<input type="checkbox"/>	IT	<input type="checkbox"/>	SAFETY	<input type="checkbox"/>	ERD	<input type="checkbox"/>
	ELEC	<input type="checkbox"/>	FM	<input type="checkbox"/>	TOUR	<input type="checkbox"/>	HOSP	<input type="checkbox"/>									

### SECTION A: PERSONAL INFORMATION (as per ID Book)

ID Number	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	Specify <input type="text"/>	Initials	<input type="text"/>							
Surname	<input type="text"/>	Maide Surname, if applicable	<input type="text"/>										
Full Names	<input type="text"/>												
Home Tel	<input type="text"/>	Work Tel	<input type="text"/>										
Cell	<input type="text"/>												
E-mail addr	<input type="text"/>												

Bursary Assistance Required YES  NO

### SECTION B: BIOGRAPHICAL INFORMATION

Nationality	<input type="text"/>												
Home Language	IsiXhosa <input type="checkbox"/>	A <input type="checkbox"/>	English <input type="checkbox"/>	C <input type="checkbox"/>	Other <input type="checkbox"/>	E <input type="checkbox"/>							
	IsiZulu <input type="checkbox"/>	B <input type="checkbox"/>	Afrikaans <input type="checkbox"/>	D <input type="checkbox"/>	Specify <input type="text"/>								
Preferred Language	<input type="text"/>												
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Race	Black African <input type="checkbox"/>	A <input type="checkbox"/>	White <input type="checkbox"/>	W <input type="checkbox"/>	Other <input type="checkbox"/>					
				Coloured <input type="checkbox"/>	C <input type="checkbox"/>	Indian <input type="checkbox"/>	I <input type="checkbox"/>	Specify <input type="text"/>					
Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Other <input type="checkbox"/>										
Citezen Status	South African <input type="checkbox"/>	Perm Resident <input type="checkbox"/>											

If you are not a South African citizen kindly indicate :

Passport number:

Study Permit:

Expiry Date:

**SECTION C: SCHOOL LEAVING DETAILS**

Last school Attended

Highest Grade Passed

Matric Date

Grade 10  Grade 11  Grade 12

**NB : Please attach a copy of your academic results or school report and I.D.Copy**

Last School Attended

**SECTION D: STUDENT ADDRESS**

Home Address

Postal Address

Postal Code

Postal Code

**SECTION E :DISABILITIES/SPECIAL NEEDS**

**Mark with an X where applicable.**

Blindness

Psychiatric disorder

Low Vision

Deafness

Intellectually disabled

Hearing

Epilepsy

Physical Challenged

Communication

Specific learning disability

Cerebral Palsy

Other Specify

Allergies/ Health Problems	<input type="text"/>	Contact No	<input type="text"/>
Contact Person	<input type="text"/>	Dr Tel	<input type="text"/>
Dr Name	<input type="text"/>		

**SECTION F: NEXT OF KIN INFORMATION**

Parent/ Guardian

Relationship

Postal Address

Postal Code

Occupation

Work Tel

Cell

**Please Attach ID Copy (Parent/Guardian)**

Are you applying for hostel  Yes  No

**If Yes, please request hostel application form**

**SECTION G: DECLARATION**

I confirm by submitting this application form that, to the best of my knowledge, the information in this form is correct. I have read the college prospectus. I understand and agree to abide the conditions and regulations of the college, which I accept as a condition of this application.

Signature: \_\_\_\_\_  
Student

\_\_\_\_\_ Date

**SECTION I: FOR COLLEGE USE ONLY**

Application received by	<input type="text"/>
Date	<input type="text"/>
Comments and Actions	<input type="text"/>