

Registered with the Department of Education National. Registered Examination Centre Number:0599995542. Approved by the Government of South Africa CIPRO as a PTY Ltd. Training Institution -offering courses under nated 550/190/191 for Technical Colleges, offering GET FET HE Training programs in line with the NQF /SAQA –National Qualifications Framework and skill development for jobs in the Industry. Certificate issued by UMALUSI Certification Council under Registration No.: FET 00677PA Registered with the ETDP SETA : EDUCATION TRAINING & DEVELOPMENT SECTOR EDUCATION & TRAINING AUTHORITY Registration No.:290730250CKNo.:1994/000410/23 Trading as Global Education and Training. 425[PIXELEY KAMESE STREET [WEST ST] ABOVE HUB and 336-342 PIXELEY KASEME ST.[West St.] Powered by MARITAAZ COLLEGE OF CAREERS For a Career Brochure visit WEBSITE:www.globaleducationandtraining.com eMail: globaleducation@telkomsa.net Tel: 031 3017774 Fax 0865088282

ADMISSIONS / REGISTRATIONS MIS Code....

Surname	Name	
ID Number of Learner	Race	
Date of Birth	Gender	Age
Permanent Home Address		
Home Telephone No. and code:		
Temporary Address during Study		
Contact Details of Person Related _____/Telephone No. and code:		
Cell No.		
Postal Address		
Name the Person or the Name of the TRUST FUND Responsible for COLLEGE FEES		
In the Case of a Bursary TRUST FUND Please state the TRUST REFERANCE NUMBER		
If a FOREIGN Learner give home address and country of origin		
A FOREIGN Learner MUST SUBMIT proof that he/she is allowed to Study in South Africa from Home Affairs. The onus is on the Learner to provide proof.		
Occupation : _____ Age _____ Work Telephone Number: _____		
Male..... Female.....Please Tick with a cross x Race: I Black () White() Indian() Coloured() Foreign()		
Highest School Level Passed [_____] Other Qualifications _____		
Are you a First Time Learner at this College Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If you are a returning student please indicate which course you have completed: _____ Level:[_____] year [_____] ID No.:[_____]		

B COURSE DETAILS

Please indicate the training programme you are registering for and the levels you want to complete :

Subject	Level	Subject	Level	Subject	Level
1		4		7	
2		5		8	
3		6		9	

Please be Specific in listing your course subjects as per COURSE LISTING

(C) PAYMENTS OF COLLEGE FEES: Only direct payment into the college bank account will CREDIT the Learners account on the college MIS SYSTEM

PAYMENT PLAN ARE YOU PAYING THE TOTAL CASH AMOUNT YES [] NO [] Please mark with a X
ARE YOU CHOOSING TO PAY ON TERMS YES [] NO [] Please mark with a X

PAYMENT IN FULL EASY PAYMENT PLAN

THIS SECTION IS TO BE FILLED IN BY THE ACCOUNTS ADMINISTRATION DEPARTMENT [M I S]SYSTEM

Please indicate the choice of payment method:

CASH DISCOUNTED FEE [] Full payment of the fees for the current year as stipulated in our FEE LIST

The Original Deposit slip to be forwarded with this Admission Form. [keep a copy]

CARE PLAN FEE [] The Full Deposit paid on the day of Admission [into college bank account] and the Full Balance to be paid within 30 days to be treated as CASH PAYMENT to be forwarded with the original Bank Deposit Slip [keep a copy]

EASY FLEXI PLAN [] Full Deposit to be forwarded with this Admission Form and the balance to be paid in 11 EASY FLEXY installments. This EASY FLEXY PLAN does not allow for ANY INSTALLMENTS TO BE MISSED Please note that in some months double installments are required to be completely paid up by 1 October in preparation for the FINAL EXAMINATIONS ROOM ENTRY.

RESPONSIBILITY OF PAYMENT OF FEES

SELF [] COMPANY [] BURSARY TRUST FUND [] SPONSOR []

(D) CREDIT TRANSFER INSTRUCTIONS

Use our fax or eMail facility for easy registration and when making a payment into the college bank account to show proof of Payment . FAX NO: 0865088282 eMail: globaleducation@telkomsa.net

BANKING DETAILS

NAME OF BANK FIRST NATIONAL BANK

NAME OF ACCOUNT : 1ST CHOICE VARSITY COLLEGE OF SOUTH AFRICA

ACCOUNT NUMBER: 62214204480

BRANCH CODE : 221426

- 1) FILL IN THE ID NUMBER OF THE LEARNER FOR WHOM THE PAYMENT IS BEING MADE FOR AS REFERENCE .Please make a copy of the bank deposit as the college will request for the ORIGINAL DEPOSIT SLIP as PROOF OF PAYMENT TO PROCESS ALL YOUR DOCUMENTS
- 2) WHEN REQUIRING ANY INFORMATION ON A LEARNERS ACCOUNT A REQUEST HAS TO BE MADE IN WRITING BY FILLING IN A REQUEST FORM AT STUDENT SERVICES STATING CLEARLY THE NATURE OF THE REQUEST Eg. A letter To Open a Bank Account, letter for a bursary fund payout etc. Any request made can take up to 3 days to process .You have to carry your ID Book with you when making special requests.
- 3) Please be aware that for your safety and our staff members the college has NOT AUTHORISED ANYONE to collect any money / cash from learners .on our premises/offices /classrooms /campus etc. It will be at the learners own risk .

E) EXAMINATIONS

Indicate whether you are a FULL TIME or a PARTTIME Learner.....

Indicate If you are a correspondence learner.....or a Saturday Learner.....

All learners will write their FINAL EXTERNAL PUBLIC EXAMINATIONS ON CAMPUS except for learners from outside DURBAN or anywhere in the country will be able to write in their own home town ,city, province, If so please Fill the following information;

Your full address.....

Contact Telephone numbers.....ID Number.....

Please supply the name Address and telephone number of the nearest state owned school/college

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If paying on Easy Flexi - Plan please ensure this page is completed correctly by a parent or legal guardian.

Employment Details Employed by.....

Employee Number..... (Please state if unemployed).....

fully acknowledge and accept the contents of the college hand book which spells out in detail the behavior of students. In the event of me breaking a rule I accept and permit the college to call for my Parents / Legal Guardian and even have me suspended from college for any bad behavior that may bring disrepute to the college as a whole. INDEMNITY On behalf of myself, my wife/husband and/or executors I hereby release and absolve the Chief Executive Officer, The Principal and staff from any and all liability arising, or that may arise from loss of or damage to the property of the applicant, from bodily injury or death of the student hereby enrolled, as per details on the enrolment form, regardless of the nature of cause of such loss, damage whether it be occasioned by the negligence of First Choice Varsity College in the knowledge that the Principal and Staff will, nevertheless, take all necessary precautions for the safety and welfare of myself, child/ward. I understand the nature of this release and warrant that, if not the Father/mother/guardian/husband/wife of the student hereby enrolled, I am authorized by the aforesaid person(s) to give this undertaking on his/her behalf. I certify that the information given by me in this agreement is to best of my knowledge true and correct. I will abide by all the Rules and Regulations of this college if not may e suspended. Expelled.

Signed aton thisday of2011 / 2012

SignatureSignature of Parent/Guardian if the learner is under 21 Years.....

FIRST NAME

RELATIONSHIP TO STUDENTS.....

SIGNATURE OF STUDENT / PARENT /Guardian: if under 21 Years.....Date...../.....2011

FOR OFFICE USE ONLY : TO BE FILLED BY THE FINANCIAL ACCOUNTS DEPARTMENT

Full Deposit Paid [R.....] Registration Fee paid [R.....] Installments [R.....]

<i>CASH AMT.</i>	<i>Terms Amt</i>	<i>Amount Paid</i>	<i>Date in Bank</i>	<i>Confirmed By</i>	<i>Balance O/S</i>
	<i>Installments</i>				
<i>1</i>	<i>Jan.</i>				
<i>2</i>	<i>Feb.</i>				
<i>3</i>	<i>March</i>				
<i>4</i>	<i>April</i>				
<i>5</i>	<i>May</i>				
<i>6</i>	<i>June</i>				
<i>7</i>	<i>July</i>				
<i>8</i>	<i>August</i>				
<i>9</i>	<i>Sept</i>				
<i>10</i>	<i>Oct</i>				
	.				

REGISTRATION FEE R350- NUMBER OF INSTALMENTS

CASH COURSE FEE AMOUNT PAID NOW

TOTAL TO BE PAIDFULL CASH PAID.....

TERMS FEES: DEPOSIT PAID NOW

AMOUNT TO BE PAID BY INSTALMENTS

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