



# BUSHBUCKRIDGE TECHNICAL COLLEGE

FOR FURTHER EDUCATION AND TRAINING

Department of Education  
Reg. Centre No. 799995719

R40 Main Road  
LIMDEV BUILDING  
Next to Sunbake Bakery  
Bushbuckridge, 1280

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## CANDIDATE/STUDENT ENROLMENT FORM FOR 2022

### 1. PERSONAL PARTICULARS

Surname: ..... Full Name(s): .....  
Maiden Name (if Married): ..... Student No: ..... Contact: .....  
Date of Birth: ..... ID No: .....  
Physical Address: ..... Code: .....  
Postal Address: ..... Code: .....  
E-Mail Address: .....  
Highest Standard/Grade Passed: .....  
Qualifications: .....  
Last School/College/University Attended: .....  
(Please attach certified copies of your ID, Grade 12 certificate/Previous Statement)  
Enrolment of the year:  Semester (tick 1 or 2) **One (1)** ☐ **Two (2)** ☐

### 2. PARTICULARS OF PARENTS/GUARDIAN/SPONSOR

Title: ..... (Mr/Mrs/Mss) Initials: ..... Surname: .....  
Physical Address: ..... Postal Address: .....  
Contact No: ..... (Home): ..... (Work): .....

### 3. SPONSOR (COMPLETE ONLY IF YOU RECEIVED A BURSARY OR COMPANY SPONSOR)

Name of Institution/Company: .....  
Contact Person for Authorization: .....

### 4. PROPOSED STUDY COURSE

Full Time ☐ Part Time ☐

✓ Tick inside the Small Box for **Full time** or **Part time**

I hereby enrol for (Course): .....  
(Subjects refer to Prospectus)

**NB.** A Maximum of 4 Subjects per level for N4-N6 should be enrolled

1. ....
2. ....
3. ....
4. ....
5. ....

Account No: **031 351 794**, Standard Bank.

Please **Attach** the following

- (1) **Certified ID copy**
- (2) **Certified Matric results**  
OR **Matric Certificate**
- (3) **Proof of Payment R1400**

for 3 or 4 subjects, **OR**  
(R 1700) for 5 subjects

**TOTAL AMOUNT OF COURSE R** ..... Deposit R ..... R ..... (Inst X 5 Months)

**NB.** All Payment must have been paid on/or before 30 May for **MAY/JUNE** Examination or 31 November for **NOV/DEC** Examinations.

## 1. STATEMENT AND UNDERTAKING BY A STUDENT

I declare that all particulars given by me on this application form are true and correct and I undertake to abide by the rules and regulations of Bushbuckridge Technical College for Further Education and Training as well as any amendments thereof. I am and remain personally responsible for payments of my account should my application be approved, and have read and understood the terms and conditions hereunder.

.....

Signature  
(Student)

.....

Date

## 2. STATEMENT AND UNDERTAKING BY PARENT/GUARDIAN

I declare that all particulars given by the student on this application form are true and correct. I agree that the student shall abide by the rules and regulations of Bushbuckridge Technical College for FET, as well as any amendments thereof. I hereby accept responsibility for the payment of all amounts that my Daughter/Son/Next of kin owe Bushbuckridge Technical College for FET. I have read and understood the terms and Conditions hereunder.

.....

Signature  
(Parent/ Guardian/ Next of Kin)

.....

Date

## 3. TERMS AND CONDITIONS

1. This form become a binding
2. The student accepts the Terms and Condition and any rules attached to any of the course enrolled for.
3. The student acknowledges that he/she takes responsibility for paying the full course's fee, payment selected on the application form.
4. The student guarantees that the address provided herein is his/her domicilium citandi et executandi and undertakes to notify the college of any change of address in writing
5. The amount paid on registration is not refundable.
6. Enrolment may only be cancelled within 14 days of registration and after 14 days no cancellation will be accepted and full course fee is due and payable.
7. The student hereby consent to the jurisdiction of the Local Magistrate Court and acknowledges that he/she is liable for all costs including legal costs, should the course fee **NOT** be paid according to the method of payment selected on the application form within the prescribed period.
8. All the students shall attend **ONLY** the subjects enrolled for (Maximum of 4 Subjects)

Thus done and Signed at (Place):..... on this day (Date) .....  
of (Month): ..... in 20..... As formally obligatory and binding.

The College recognizes and undertakes to respect the conditions of all South Africans who might be otherly build, different oriented and perhaps exposed to HIV/AIDS infections and seek to enrol with us, normally precautions are taken.

Where do you got/ know the information about us (the college), state below by ticking in the box

1. Radio Bushbuckridge ☐ 2. Friends/Student/Lecture ☐ 3. News paper ☐

(If from someone write his/ her name) \_\_\_\_\_

## **AGREEMENT BETWEEN**

**Bushbuckridge Technical College for Further Education and Training NPC**

And

Student Full Names and Surname: \_\_\_\_\_

ID No : \_\_\_\_\_

Course: \_\_\_\_\_

Tel/Cell No: \_\_\_\_\_

### **Confirmation for Candidate/Student**

I, ..... hereby acknowledge that I owe the total amount of registration fee and agree to terms of payment to the college with respect to the registration fee under the following conditions:

1. The minimum amount required must be paid within 24 hours after enrolment at any Standard bank with the account number provided by the college. Part payment of the minimum amount will be seen as no payment and that I may be deleted from the college records.
2. I fully understand that I am not entitled to a reimbursement of any registration fees or part thereof paid by me or remittance of registration fees owed by me. The college may, however consider the reimbursement of the remittance of registration fees in the following cases only:
  - 2.1. In the event of death
  - 2.2. Should the college for any reason not be able to offer or continue with the course.

### **DECLARATION**

I do formally and honestly declare that:

1. All the above information is correct.
2. I will comply with the rules and regulations of the college.
3. I shall perform all such duties as required for me.
4. I will not use any intoxicants while I am a student at the college.
5. I will not participate in any strike.
6. I do indemnify the college, Department of Higher Education and any personnel member under whose supervision I may be, as far as any injury or accident that befall me during my stay at the college. All costs incurred by me due to injury will be for my own account and not that of the college, Department of Higher Education or any personnel member.

\_\_\_\_\_  
*Signed Student/Parent/Guardian*

\_\_\_\_\_  
*Date*

### **The Information below is for the office use**

**Approved by:**

\_\_\_\_\_  
*Signature (Admin)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Seerane E.M (CEO)*

\_\_\_\_\_  
*Date*

**Bushbuckridge Technical College is provisionally Accredited by QCTO: Accreditation No. SDP 1225/18/00106, Centre No: 799995719**

