

FOR OFFICE USE		
APPROVED	YES	NO
WAITING	YES	NO
BURSARY STUDENT	YES	NO
STUDENT GROUP		
STAFF MEMBER		
DATE		
STUDENT NUMBER (If available)		



# APPLICATION FORM

t: 021 886 7111  
 f: 021 886 8260  
 e: [hq@bolandcollege.com](mailto:hq@bolandcollege.com)  
[www.bolandcollege.com](http://www.bolandcollege.com)  
 Private Bag X5068, Stellenbosch, 7599

BOLAND COLLEGE CAMPUS OF YOUR CHOICE					
CALEDON	PAARL	STRAND	STELLENBOSCH	WORCESTER	KLEINMOND

ACADEMIC PERIOD					
YEAR	SEMESTER 1	SEMESTER 2	TRIMESTER 1	TRIMESTER 2	TRIMESTER 3

WERE YOU PREVIOUSLY REGISTERED AS A STUDENT AT BOLAND COLLEGE?	YES	NO
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SURNAME OF STUDENT	INITIALS

PROGRAMME / STUDY DIRECTION OF YOUR CHOICE		
NATIONAL CERTIFICATE VOCATIONAL (NQF LEVEL 2-4)		
OFFICE ADMINISTRATION	MARKETING	SAFETY IN SOCIETY
HOSPITALITY	TOURISM	ENGINEERING AND RELATED DESIGN
ELECTRICAL INFRASTRUCTURE CONSTRUCTION	CIVIL ENGINEERING AND BUILDING CONSTRUCTION	INFORMATION TECHNOLOGY AND COMPUTER SCIENCE
TRANSPORT AND LOGISTICS		
NATIONAL N-CERTIFICATE (REPORT 191 - PROGRAMMES N1 -N3)		
ELECTRICAL	CIVIL	MECHANICAL
NATIONAL N-CERTIFICATE (REPORT 191 - PROGRAMMES N4 -N6)		
FARMING MANAGEMENT	MANAGEMENT ASSISTANT	MARKETING MANAGEMENT
FINANCIAL MANAGEMENT	PUBLIC MANAGEMENT	BUSINESS MANAGEMENT
HUMAN RESOURCE MANAGEMENT	TOURISM	EDUCARE
HOSPITALITY AND CATERING SERVICES	CITY & GUILDS: SPORT	

Please make sure that the course you wish to study is offered at the campus of intended study.

METHOD OF STUDIES	
FULL-TIME	PART-TIME

## GENERAL INFORMATION

Please read the following carefully before completing this form.

### A. GENERAL

- This form must be completed by all students applying to Boland College for the first time.
- The application form must be signed by the applicant and the legal guardian (if applicant is younger than 18 years).
- It is in your own interest to ensure that this form is completed in full and that **certified copies** of all supporting documentation are enclosed. If any questions are left unanswered or documents are not enclosed, or the legal undertaking is not signed by the student and/or the legal guardian, it will cause a delay as the form will be returned for completion.

4. Please write in **black ink** and use block letters.
5. The closing date for applications will be determined by the College at the start of the respective academic period or when the programme is full, whichever occurs first.

#### **B. CERTIFIED DOCUMENTS**

1. A certified copy of the first page of your Identity Document must accompany this application.
2. A certified copy of your Senior Certificate (for N4-N6 programmes including City & Guilds programmes) or highest qualification (for all other NCV and N1-N3 programmes) must be submitted with your application.
3. Grade 12 learners must attach a copy of their Grade 11 final results and June or September Grade 12 results. The report must indicate the subjects and symbols obtained. If you attended any other higher education institution, an original academic record or certified copies of other certification obtained previously, must also be submitted.
4. Proof of residential address of parents/guardian or municipal account.

#### **C. INTERNATIONAL STUDENTS (Non South African citizens)**

1. A certified copy of your passport must accompany this form.  
You are required to produce a valid study permit before you will be permitted to register.
2. Non-RSA qualifications: The onus rests with all international applicants to have their school qualifications evaluated by SAQA before submitting this application form. SAQA can be contacted on telephone number: **+27 86 010 3188**.

#### **D. ADMISSION REQUIREMENTS**

1. Please consult the faculty concerned or [www.bolandcollege.com](http://www.bolandcollege.com) for full details of the admission requirements pertaining to the qualification/programme for which you intend to enrol.
2. All candidates who comply with the minimum requirements are still subject to selection procedures determined by the respective faculty.
3. The Student may be required to complete a placement assessment.

#### **E. PAYMENT POLICY**

The various payment options can be considered subject to a credit application and clearance. The minimum amount payable can be deposited at ABSA Bank. In the reference column of the bank deposit, please clearly indicate your student number or identity number (student) as reference. A financial agreement and debit order must be completed for the balance. The financial policy of Boland College does not allow for any deviations from the prescribed payments.

#### **F. CHANGE OF ADDRESS AND CONTACT DETAIL**

The College must be notified immediately of any change of address (postal or physical) after submission of the form.

#### **G. LANGUAGE POLICY**

In accordance with the Council Approved Language Policy, Boland College is a bilingual institution where Afrikaans and English are spoken and where lectures are presented in Afrikaans and English. All the Boland College campuses are NOT parallel medium campuses and the language medium for lectures is determined by the lecturer in consultation with his/her class group. In all cases key terms and concepts are also provided in the alternative language and the rights of students to discussion, study material, tests and examinations in the lecturing language of their preference is recognised and supported.

**H. COPIES OF DOCUMENTS TO BE ATTACHED: MARK WITH AN "X"**

IDENTIFICATION DOCUMENTS (COMPULSORY)		
SA IDENTITY DOCUMENT	PROOF OF APPLICATION FOR NEW SA ID	
PASSPORT (FOREIGN APPLICANT)	REFUGEE TRAVEL DOCUMENT	
ACADEMIC DOCUMENTS (COMPULSORY)		
NATIONAL SENIOR CERTIFICATE	OTHER DIPLOMAS	
FINAL GRADE 11 AND/OR MID-GRADE 12 RESULTS	PREVIOUS NATIONAL DIPLOMA	
ORIGINAL SAQA EVALUATION (FOREIGN APPLICANT)	PREVIOUS NCV CERTIFICATES	
N3/N4/N5/N6 RESULTS (WHERE APPLICABLE)	ACADEMIC RECORD FROM HIGH SCHOOL	
MATRICULATION RESULTS STATEMENT	CERTIFICATE OF CONDUCT (ORIGINAL)	
MATRICULATION EXEMPTION CERTIFICATE		
CONTRACT		PROOF OF ADDRESS (COMPULSORY)
SIGNED BY APPLICANT	MUNICIPAL BILLING DOCUMENT	
SIGNED BY LEGAL GUARDIAN	OTHER ACCOUNT STATEMENT	

**SECTION A: PERSONAL DETAILS**

Please write one letter per block, starting in the first block. Leave one block open between names. Mark your particulars with an "x" where appropriate.

SURNAME														INITIALS				TITLE		
																		MR	MS	MRS

  

IDENTITY NUMBER									

  

DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D

  

FIRST NAME (1)																				
SECOND NAME (2)																				
THIRD NAME (3)																				

**SECTION B: FORMAL STATISTICAL INFORMATION**

CITIZENSHIP			
100 - RSA	101 - NAMIBIA	OTHER (PLEASE SPECIFY)	

  

PASSPORT NUMBER / STUDY PERMIT NUMBER (IF NOT RSA)

  

IF YOU ARE NOT A SOUTH AFRICAN CITIZEN, PLEASE TICK ONE OF THE OPTIONS BELOW	
INTERNATIONAL APPLICANT WITH PERMANENT RESIDENCE	
INTERNATIONAL APPLICANT WITH TEMPORARY RESIDENCE	

Please note that international applicants will be required to produce either a permanent residence permit or a study permit in order to register. It is your responsibility to apply for the necessary permit in good time.

**SECTION C: SECONDARY EDUCATION**

HIGHEST SCHOOL GRADE COMPLETED	GRADE 9	GRADE 10	GRADE 11	GRADE 12 NOT EXEMPTED	GRADE 12 EXEMPTED

GENDER	MALE	FEMALE
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ETHNIC GROUP*				
ASIAN	BLACK	COLOURED	INDIAN	WHITE

\*Please note that this question is asked to allow the institution and the Government to track progress in the transformation of Higher Education.

MARITAL STATUS	SINGLE	MARRIED	WIDOW/ER	DIVORCED
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YEAR AND MONTH GRADE 9/10/11/12 COMPLETED	Y	Y	Y	Y	M	M
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HOME LANGUAGE				MOTHER LANGUAGE				
ENGLISH	AFRIKAANS	ISI-XHOSA	ISI-ZULU	ENGLISH	AFRIKAANS	ISI-XHOSA	ISI-ZULU	OTHER
OTHER (SPECIFY):				OTHER (SPECIFY):				

SECTION D: GENERAL INFORMATION

WHERE DID YOU HEAR ABOUT BOLAND COLLEGE?					
FRIENDS	TEACHERS	FAMILY	TALK AT YOUR SCHOOL		
OUR WEBSITE	PROMOTIONAL ITEMS	RADIO	COMMUNITY NEWSPAPERS		
OTHER NEWSPAPERS	PLEASE SPECIFY WHICH NEWSPAPER(S)				

SECTION E: CONTACT DETAILS

HOME RESIDENTIAL ADDRESS PRIMARY CONTACT OF <b>STUDENT</b> (No Postal Address)	
TELEPHONE CODE & NUMBER	POSTAL CODE
E-MAIL	

PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT	
TITLE	SURNAME
	INITIALS
HOME POSTAL ADDRESS / ACCOUNT ADDRESS	
TELEPHONE CODE & NUMBER	POSTAL CODE
E-MAIL	

STUDY ADDRESS OF STUDENT (Where you stay while studying) (No Postal Address)	
TELEPHONE CODE & NUMBER	POSTAL CODE
E-MAIL	

CONTACT DETAILS OF PARENT, GUARDIAN OR NEXT OF KIN																	FAMILY RELATION		
NAME																		MOTHER	
SURNAME																		FATHER	
INITIALS																	TITLE	GRANDMOTHER	
IDENTITY NUMBER																		BROTHER	
TELEPHONE CODE & NUMBER (H)																		SISTER	
TELEPHONE CODE & NUMBER (W)																		AUNT	
FAX NUMBER																		UNCLE	
CELL PHONE NUMBER (COMPULSORY)																		GUARDIAN	
E-MAIL ADDRESS (COMPULSORY)																		GRANDPARENT	
WEBSITE																		PARTNER	
ADDRESS (PHYSICAL)																		SPOUSE	
																		POSTAL CODE	

WHAT DID YOU DO LAST YEAR?			
LEARNER AT THIS TVET PROVIDER		HIGH SCHOOL STUDENT	
UNIVERSITY STUDENT		WORKING IN LABOUR FORCE	
UNIVERSITY OF TECHNOLOGY STUDENT		UNEMPLOYED	
HIGHER EDUCATION COLLEGE STUDENT		ENROLLED IN A FOREIGN POST	
OTHER TVET COLLEGE STUDENT			
OTHER ACTIVITY:			

WHICH PROVINCE ARE YOU FROM?	GP	NW	LIM	MP	NC	KZN	EC	WC	FS	FOREIGNER
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**SECTION F: DISABILITIES**  YES  NO

Indicate any disability that is applicable to you, here. If you have a disability, but choose not to disclose it in this form, Boland College is under no obligation to assist or accommodate you with regard to that disability.

01 ADHD - ATTENTION DEFICIT DISORDER		02 AUTHISTIC SPECTRUM DISORDER	
03 BEHAVIOURAL/CONDUCT DISORDER		04 BLINDNESS	
05 CEREBRAL PALSIED		06 DEAFNESS	
07 DEAF/BLINDNESS		08 EPILEPSY	
09 HARD OF HEARING		10 MILD/MODERATE INTELLECTUAL DISABILITY	
11 INTELLECTUAL DISABILITY		12 PARTIALLY SIGHTNESS/LOW VISION	
13 PARTIAL DISABILITY		14 SEVERE INTELLECTUAL DISABILITY	
15 SPECIFIC LEARNING DISABILITY		16 PSYCHIATRIC DISORDER	
17 DYSLEXIA		24 QUADRIPLLEGIC	
25 AMPUTEEE		MULTIPLE (SPECIFY)	
OTHER (SPECIFY)			

**SECTION G:**

**MEMORANDUM OF AGREEMENT**

Should my application be successful, I, (Name and Surname of Student) \_\_\_\_\_ declare that:

1. I will acquaint myself with the rules and policies, including the disciplinary code of conduct of Boland College and will abide by them;
2. I waive any claim against Boland College, resulting from any act or omission on my part during tuition, sport, tours, practicals or in Boland College Residence;
3. I accept responsibility for the care and safekeeping of all Boland College property issued to me for training;
4. I will inform the College immediately, in writing, should I change my address or cancel or change my course (programme) or any subjects in accordance to the Boland College Financial Policy as available online;
5. I am aware that interest, fees and legal costs will be recovered from me should I fail to timeously fulfil my financial commitments towards the College (the account will be handed over to a debt collection agency);
6. I accept full responsibility and liability for the payment of the total of all class and residence fees as well as any other fees determined by Boland College at the date of enrolment; Refunds for any withdrawals after enrolment will only be considered in exceptional circumstances;
7. I am aware that my enrolment is valid only if it complies with the relevant regulations of the College; notwithstanding provisional acceptance of this enrolment by the College; account will be handed over to debt collection agency;
8. I am capable of concluding an agreement and am legally competent to sign this application and may therefore enter unassisted into an agreement with the College; and  
I sign this application and enter into an agreement with Boland College with the permission of my parents (a) / guardian (b) / husband (c); (Delete (a), (b) or (c), whichever is applicable);
9. I will not claim compensation for photos taken, voices used, student participation in functions, etc. and accept that any photos used for publicity reasons will be the property of the College;
10. I will adhere to the Boland College Exam policy i.e. 50% or 40% (where applicable) plus 80% class attendance;
11. All particulars given by me in this form are true and correct.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

If the applicant is a minor, the parent/legal guardian/major must complete the following:

I, THE UNDERSIGNED, (FULL NAME AND ID) \_\_\_\_\_ IN CAPACITY AS

PARENT / LEGAL GUARDIAN / SPOUSE TO (STUDENT FULL NAME AND ID) \_\_\_\_\_

am jointly and separately responsible for monies, which the above applicant may at any stage owe to Boland College in terms of the agreement that he/she concludes with the College.

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION H: INDEMNITY FORM**

NB. IT IS COMPULSORY THAT THIS CONTRACT BE SIGNED BY ALL PARTIES CONCERNED.

**BOLAND COLLEGE PRACTICAL TRAINING OPPORTUNITIES: INDEMNITY FORM CLAIMS FOR DAMAGES ENTERED BY STUDENTS AND/OR THEIR PARENTS AND/OR THEIR GUARDIANS**

I, \_\_\_\_\_ (FULL NAME AND ID OF STUDENT)

the undersigned hereby declare that I shall not institute any claim of any nature whatsoever against Boland College or any employee of Boland College, who is acting within his or her employment capacity, nor shall I in any way whatsoever hold Boland College responsible for any loss or damage that I may suffer in person or in respect of any property of mine, or which may directly or indirectly arise from my commitment, as a registered student, towards Boland College, with regards to the journey to and from the practical training excursion and with regards to any activities at the excursion, regardless of the way in which such loss or damage may occur and regardless of who or what may be responsible. I undertake to participate in any activity that I am expected to participate in, on my own responsibility; voluntarily taking on any risk I expose myself to in connection with such activity.

I hereby confirm that I have acquainted myself with all the information and rules in connection with the practical training opportunities, and that I am, as a registered student of Boland College, bound to adhere to the General Rules and Regulations of Boland College.

I furthermore declare that, in case I am injured and cannot personally give consent to medical treatment or any other essential medical intervention, the supervisory staff may sign the necessary letters of consent on my behalf.

As far as I know, I do not suffer from any physical disability or illness that would make it inadvisable for me to attend the practical activities. However, I do wish to bring the following to your attention:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I confirm that all the above information is true and correct.

THUS SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

STUDENT \_\_\_\_\_ PARENT / GUARDIAN / SPOUSE \_\_\_\_\_

**CHECKLIST**

	STUDENT	ACADEMIC	ADMINISTRATION
Did you fill in the name of the field of study you are applying for?			
If you previously studied at another higher education institution, have you attached your academic record?			
Did you sign the form?			
If you are under 18 years of age, did your parent/guardian sign the form as well?			
Did you attach proof of residential address?			
If already matriculated, did you attach a copy of your National Senior Certificate/Evaluation?			
Did you take note of the Language Policy?			
Did you sign the indemnity/Memorandum of Agreement?			
Certified copy of your ID/Passport attached?			