



APPLICATION FORM: INTERNATIONAL

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GENERAL INFORMATION

PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THIS APPLICATION FORM:

NAME & SURNAME OF APPLICANT:

1. GENERAL

- 1.1 All candidates who comply with the minimum requirements are still subject to selection procedures.
- 1.2 The candidate may be required to complete a placement assessment
- 1.3 The College must be notified immediately of any change of address (postal or physical) after submission of this form.

2. DOCUMENTS TO BE SUBMITTED WITH YOUR APPLICATION FORM

- 2.1. Copy of passport
- 2.2. Copy of study permit
- 2.3. Police Clearance Certificate
- 2.4. Copy of highest qualification and last official examination results
- 2.5. Proof of disability
- 2.6. Proof of medical aid card

3. PROGRAMME OF YOUR CHOICE:

(Please tick one)

Hospitality		Jewellery Manufacturing	
Beauty & Nail Technology		Upholstery	
Information Technology: End User Computing		Construction	
Agriculture		Care Practitioner	
Joinery/Woodwork		Hygiene and Cleaning Services	
Business Administration		Welding	
		Automotive Body repair	
Alternative choice:			

IMPORTANT: Please take note that NID Training will not consider incomplete application forms. Ensure therefore that the form is fully completed by the party/ies concerned.

SECTION A: PERSONAL DETAILS

SURNAME														INITIALS				TITLE		
																		MR	MS	MRS

FIRST NAME																				
SECOND NAME																				

PASSPORT NUMBER														

DATE OF BIRTH							
D	D	M	M	Y	Y	Y	Y

PASSPORT VALID UNTIL							
D	D	M	M	Y	Y	Y	Y

GENDER	
MALE	FEMALE

STUDY PERMIT VALID UNTIL							
D	D	M	M	Y	Y	Y	Y

SECTION B: STATISTICAL INFORMATION

**PLEASE NOTE THAT THIS QUESTION IS ASKED FOR STATISTICAL PURPOSES ONLY*

Ethnic Group

African		Coloured		Indian		White		Other	
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Home Language

English		siSwati	
Afrikaans		xiTsonga	
isiZulu		seSotho	
seTswana		isiXhosa	
Sign Language		Lip Reading	
If other, specify:			

Country

Religion

Marital status

Married	Single	Divorced
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Dependents

SECTION C: CONTACT DETAILS

RESIDENTIAL ADDRESS																			
TELEPHONE CODE & NUMBER															AREA CODE				
E-MAIL																			

SECTION D: DETAILS OF PARENT, GUARDIAN OR NEXT OF KIN

RELATIONSHIP TO THE STUDENT	Mother	Father	Guardian	Other: _____
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Language for correspondence	Afrikaans		English		Xhosa		Other	
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SURNAME														INITIALS				TITLE			
																			MR	MS	MRS

FIRST NAME																	
SECOND NAME																	

PASSPORT NUMBER														

DATE OF BIRTH							
D	D	M	M	Y	Y	Y	Y

RESIDENTIAL ADDRESS																				
COUNTRY																				
TELEPHONE CODE& NUMBER																AREA CODE				
FAX NUMBER																				
E-MAIL																				

Employment Status

Permanent	Contract	Self-Employed	Unemployed	Pensioner	Disabled
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Name of Employer														
Address of Employer														
Occupation														
Contact number of Employer														

SECTION E: PAYMENT

Person / Institution responsible for payment as set out in the attached schedule.

1. The **non-refundable, once-off payment** Registration fee should be **paid upon registration**. Please contact the office for detailed fee schedule.

Own funds		Parents		Guardian		Employer		Bursary		Sponsor	
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Contact person	
Name of Institution	
Contact number	
Fax number	
E-mail address	
Address of account	
Postal code	

BANK DETAILS:

Account holder : National Institute for the Deaf
Bank : ABSA Worcester
Branch code : 503 107
Account number : 0440 410 472
Reference : Student Name and Surname

Deposit slips can be sent per fax or e-mail to:

Fax : +27(0)23 347 3597
E-mail : karenschroeder@nid.org.za

Please take note:

Pocket money is the student's responsibility and may not be paid into the bank account of the National Institute for the Deaf

SECTION F: PREVIOUS EDUCATION

IMPORTANT: Please take note that NID Training will not consider incomplete application forms. Ensure therefore that the form is fully completed by the party/ies concerned.

Last School / Institution attended	
Highest qualification	
Academic performances	
Extramural activities	
Leadership qualities	
Behavior problems	
Disciplinary hearings and reasons therefore	
Parent / Guardian involvement	

Motivation by Principal / Head / Educator as to why the student must be accepted at NID Training.

Name of Principal	
EMIS number	
Physical Address	
Postal Address	

Country	
Telephone number	
Fax number	
E-mail Address	

SOCIAL BACKGROUND

Behavior and Adaptability	
Housing and Environment	
Dependency problems (eg. Drugs, alcohol etc)	

Signature of Principal / Head / Educator
/ Social worker

STAMP

SECTION G: MEDICAL HISTORY

Medical aid fund	YES	NO
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Name of medical aid fund	
Membership number	
Name of main member	
Identity number of main member (please attach copy of ID)	

Disability:

Intellectual	
Dyslexia	
Physical	
Hearing (Deaf)	
Visual	
Other	

1. Hearing aid/s Left Right Both
2. Cochlear implant/s Left Right Both
3. Do you wear glasses? Yes No
4. Do you experience any problems with your eyesight? Yes No
5. Cause of deafness:
6. Age at onset of deafness:

State medical condition:

Epilepsy		Asthma	
Diabetes		Heart problems	
High blood pressure		Visual	
Other			

7. Do you use chronic medication? Yes No

8. Name/s of medication:

12 Allergies (Please attach proof from a medical practitioner)

Milk		Fish	
Eggs		Shellfish	
Peanuts		Corn	
Soy		Gelatin	
Wheat		Meat	
Other:			

13 Dietary requirements (Please provide proof / motivation)

Belief based diet		Lactose Intolerant	
Diabetic		Low / No sodium diet	
Gluten free diet		Other	

14 Blood group:

Signature of Medical Practitioner

Stamp

EXEMPTION FORM

EXEMPTION

I, (Parent/Guardian) in my / our capacity as the biological parent(s) / guardian of

..... (Student name and surname), undertake not to hold the National Institute for the Deaf, its' Head, staff, plenipotentiaries or any other responsible person/s or NID Training, responsible for any injuries, losses, damage, death, costs and expenses which may occur as a result of any activity within or outside of NID (including excursions and transport of the student) whereby the student was involved whilst said student was or is under the control or supervision of the Head of NID, staff, plenipotentiaries and/or any other responsible person/s appointed by NID.

MEDICAL ACCIDENTS AND EMERGENCIES

I / we further give my / our permission that in as far as any medical incident, accident and/or any emergency may occur wherein said student is involved, Head of NID, staff, plenipotentiary and/or any other responsible person/s from NID are instructed herewith, if the parent/s / guardian cannot be contacted, to take any steps necessary to protect and save said student, including but not limited to: treatment by a medical practitioner or hospitalization of said student. If I / we can be contacted, I / we undertake to take the student for the necessary treatment without delay.

I / we exempt the Head of NID, staff members, plenipotentiaries and/or any other responsible person/s from payment of any accounts, medical costs and/or any other expenses incurred as a result of above mentioned and undertake further to settle such costs on request.

Signed at _____ on this _____ day of _____ 20_____.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT / GUARDIAN
In the case of a minor, the parent / guardian will be bound by this agreement.

DATE

SIGNATURE: CHIEF TRAINING OFFICER

DATE

WITNESS

DATE

CHECKLIST

	APPLICANT	OFFICE
Have you attached a copy of your Passport and Study permit?		
Have you attached a copy of your highest qualification and last official examination results?		
Have you attached a copy of your medical aid fund card?		
Have you attached a copy proof of disability?		
Have you completed all the sections that are applicable to you?		
Have you signed the exemption form to declare that the information is complete and correct?		
Have you provided all the contact details required in this form?		
Have you attached a letter to confirm your study loan / bursary?		