



**NATIONAL INSTITUTE FOR THE DEAF**  
**NASIONALE INSTITUUT VIR DOWES**  
**Training · Opleiding**

TRAINING UNITS | BUSINESS UNITS | DISTANCE EDUCATION  
 OPLEIDINGSEENHEDE | BESIGHEIDSEENHEDE | AFSTANDSONDERRIG  
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**1881**  
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## APPLICATION FORM

Email: [elanabosch@nid.org.za](mailto:elanabosch@nid.org.za)  
 Fax: 086 535 7495 / 023 347 3597

### 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 Identity Document (applicant and parent / guardian)
- 2.2. Copy of highest qualification and last official examination results
- 2.3. Copy of medical aid card
- 2.4. Proof of disability
- 2.5 Proof of residence
- 2.6 Proof of income: Eg. Pay-slip; 3-month bank statement (if self-employed); SASSA letter (if in receipt of a social grant; affidavit from Police station (if unemployed)

#### 3. PROGRAMME(S) OF YOUR CHOICE: (please choose 2 options)

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

<b>FIRST NAME</b>																	
<b>SECOND NAME</b>																	

IDENTITY NUMBER														

DATE OF BIRTH							
D	D	M	M	Y	Y	Y	Y

GENDER	
MALE	FEMALE

<b>Does applicant receive a disability grant?</b>	YES	NO
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**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:			

Home Province (*South Africa only*)

Limpopo		Western Cape		Eastern Cape	
Northern Cape		Free State		Kwazulu Natal	
North West		Gauteng		Mpumalanga	

Religion

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Marital status

Married	Single	Divorced
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Dependents

### SECTION C: CONTACT DETAILS

<b>RESIDENTIAL ADDRESS</b> (Where do you live)																			
<b>MUNICIPAL DISTRICT</b>																			
<b>TELEPHONE CODE &amp; NUMBER</b>															<b>AREA CODE</b>				
<b>E-MAIL</b>																			

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

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

<b>IDENTITY NUMBER</b>													

<b>DATE OF BIRTH</b>							
D	D	M	M	Y	Y	Y	Y

<b>GENDER</b>	
MALE	FEMALE

<b>FIRST NAME</b>																	
<b>SECOND NAME</b>																	

<b>RESIDENTIAL ADDRESS</b>																						
<b>PROVINCE</b>																						
<b>MUNICIPAL DISTRICT</b>																						
<b>TELEPHONE CODE &amp; NUMBER</b>																		<b>AREA CODE</b>				
<b>FAX NUMBER</b>																						
<b>E-MAIL</b>																						

**Employment Status**

Permanent	Contract	Self-Employed	Unemployed	Pensioner	Disabled
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<b>Name of Employer</b>																
<b>Address of Employer</b>																
<b>Occupation</b>																
<b>Contact number of Employer</b>																

## SECTION F: PREVIOUS EDUCATION

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	
Province	
Municipal District	
Telephone number	

Fax number	
E-mail Address	

**SOCIAL BACKGROUND OF APPLICANT**

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

\_\_\_\_\_

Signature of Principal / Head / Educator  
/ Social worker

STAMP
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## 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
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**EXEMPTION FORM**

**EXEMPTION**

I, ..... **(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 further give my 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 can be contacted, I undertake to take the student for the necessary treatment without delay.

I 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 RSA ID document?		
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?		
Have you attached proof of income e.g. pay-slip, 3-month bank statement; SASSA letter; affidavit from police station?		