

**SEKHUKHUNE FURTHER EDUCATION AND TRAINING COLLEGE**

**ENROLMENT FORM - NATED**

<b>STUDENT NUMBER</b>	
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<b>TITLE</b>	<b>SURNAME OF STUDENT</b>														
<b>FIRST NAMES</b>															
<b>ID NUMBER</b>															
<b>GENDER</b>	<b>M</b>		<b>F</b>		<b>DISABLED</b>								<b>Y</b>		<b>N</b>
	<b>(Specify Disability)</b>														
<b>STUDENT CELL</b>															
<b>LANGUAGE</b>	<b>ENGLISH</b>				<b>SEPEDI</b>				<b>OTHER (Specify)</b>						
<b>RACE</b>	<b>BLACK</b>				<b>COLOURED</b>				<b>OTHER (Specify)</b>						
<b>NATIONALITY</b>	<b>SA</b>		<b>OTHER (Specify)</b>												
<b>PARENT/GUARDIAN</b>															
<b>POSTAL ADDRESS</b>															
	<b>PROVINCE</b>							<b>Postal Code</b>							
<b>TEL No</b>	<b>HOME</b>														
<b>PARENT</b>	<b>CELL</b>														
<b>COURSE</b>	<b>HUMAN RESOURCE MANAGEMENT</b>											<b>GRADE: N4</b>			
<b>SUBJECTS</b>													<b>AMOUNT</b>		
<b>MANAGEMENT COMMUNICATION</b>															
<b>COMPUTER PRACTICE</b>															
<b>PERSONNEL MANAGEMENT</b>															
<b>ENTREPRENEURSHIP</b>															
<b>First payable amount upon registration: R1000</b>															
													<b>TOTAL</b>		

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NAME: LECTURER

.....  
SIGNATURE

.....  
NAME: DATA CAPTURER

.....  
DATE