## SEKHUKHUNE FURTHER EDUCATION AND TRAINING COLLEGE ENROLMENT FORM - NATED

STUDENT NUM	IBER	

TITLE		SURNAME OF STUDENT																	
FIDOT NA	450																		
FIRST NAI	VIES																		
ID NUMBE	R																		
GENDER		М		F			DISABLED Y									N			
		(Specify Disability)																	
STUDENT	ENT CELL																		
LANGUAG	E	ENGLISH			SEI	PEDI		0	OTHER (Specify)										
RACE		BLACK COLOURED OTHER (Specify)																	
NATIONAL	LITY	SA OTHER (Specify)																	
PARENT/C	BUARDIAN																		
POSTAL A	DDRESS																		
	PROVINCE											Postal Code							
TEL No	HOME														·				
PARENT	CELL																		
COURSE		HUMAN RESOURCE MANAGEMENT GRADE:								: N	15								
SUBJECT	S	AMOUNT								Γ									
PERSONN	PERSONNEL TRAINING																		
COMPUTER PRACTICE																			
PERSONNEL MANAGEMENT																			
LABOUR RELATIONS																			
First payable amount upon registration: R1000																			
TOTAL																			
NAME: LECTURER SIGNATURE NAME: DATA CAPTURER																			
TAME DATA ON TOKEN																			
DATE			•••••																