SEKHUKHUNE FURTHER EDUCATION AND TRAINING COLLEGE

ENROLMENT FORM - NATED

STUDENT NUMBER	

TITLE	SURNAME OF STUDENT															
FIRST NAMES																
ID NUMBER																
GENDER	M		F									DISABLED	Y		N	
	(Specify Disability)															
STUDENT CELL																
LANGUAGE	ENGLISH				SEPEDI		OTHER (Specify)									
RACE	BLACK				COLOURED			OTHER (Specify)								
NATIONALITY	SA		OTHER (Specify)													
PARENT/GUARDIAN																
POSTAL ADDRESS																
	PROVINCE										Postal Code					
TEL No HOME																
PARENT CELL																
COURSE	HUMAN RESOURCE MANAGEMENT													GRADE: N6		

SUBJECTS	AMOUNT
PERSONNEL TRAINING	
COMPUTER PRACTICE	
PERSONNEL MANAGEMENT	
LABOUR RELATIONS	
First payable amount upon registration: R1000	
TOTAL	

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NAME: LECTURER SIGNATURE NAME: DATA CAPTURER

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DATE