

APPLICATION FORM

Please complete this application form in **BLOCK LETTERS** and answer all the questions

The following documents must accompany this application:

1. Certified photocopy of RSA ID document or Passport
2. Certified copy of highest qualifications and last official examination results
3. Certified copy of medical aid card
4. Certified copy of study permit (for international students)
5. Certified copy of audiogram

APPLICANT'S DETAILS

Name and Surname:

Date of Birth:

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|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

RSA Identity Number:

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Foreign Identity Number:

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Passport Number:

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Gender:

Male Female

Language:

Afrikaans English Xhosa Other

Sign language Lip-reading

Physical disability if any:

Highest Qualification:

Achievements:

Religion:

Church:

Cellular number:

(e.g. +27 (0)82 566 7788)

Email address:

NID-National Institute for the Deaf as private FET college [College pursuant to Act No 16 of 2006 and Regulation 8 and/ 6(1) 2007] Reg: 2010/FE08/011, until 2016

Postal address:

Postal code:

Physical address:

Postal code:

PROGRAMME

Where did you hear about NID College?

Programme applied for?

Are you a private student?

(i.e. you've got private accommodation)

Yes

No

or

Would you need accommodation at NID College?

Yes

No

DETAILS OF PARENT / GUARDIAN

Father

Mother

Guardian

Surname:

Name:

Relation to student if guardian:

RSA Identity Number:

Passport Number:

Language of Correspondence: Afrikaans

English

Xhosa

Other

Home phone number:

(e.g. +27 (0)12 345 6789)

Work phone number:

(e.g. +27 (0)12 345 6789)

Cellular number:

(e.g. +27 (0)82 566 7788)

Fax number:

(e.g. +27 (0)12 345 6789)

Email address:

Occupation:

Postal address:

Postal code:

Physical address:

Postal code:

PAYMENT

Responsible Person(s) / Institution for payment

Own Funds Parents Guardian Employer Bursary Sponsor

Contact person:

Name of Institution:

Contact number:

Fax number:

Email address:

Address for account:

Postal code:

Applicant receives Disability Grant? Yes No

Method of payment: In full – Directly into the bank account of the National Institute for the Deaf
 Monthly – Directly into the bank account of the National Institute for the Deaf

BANKING DETAILS:

Account Holder : National Institute for the Deaf
Bank : ABSA Worcester
Branch Code : 503 107
Account Number : 0440 410 472

Please state clearly the students name and surname.

Deposit slips can be fax or email to:

Fax : +27(0)23 347 3597

Email : college@nid.org.za

Please note: No pocket money for the student may be paid into the bank account of the National Institute for the Deaf.

MEDICAL HISTORY

The following information is very important and must be complete in full

Medical Aid Yes No

Medical Aid Name:

Medical Aid Number:

Name of main member:

Person responsible for paying medical bills if not on medical aid:

1. Are you on chronic medication? Yes No

2. Name of medication?

3. Declare medical condition:
(e.g. Epilepsy, Diabetes, High Blood Pressure, Asthma, Heart Diseases)

4. Causes of deafness

5. Allergies

Name of doctor:

Telephone number:
(e.g. 012 345 6789)

Fax number:
(e.g. 012 345 6789)

Email address:

INDEMNITY FORM

INDEMNITY

In my / our capacity as the natural Parent(s) / Guardian, I / we undertake further not to hold the National Institute for the Deaf, Head, personnel, plenipotentiaries or any other responsible person(s) of NID College responsible for any injuries, losses, damages, death, costs and expenses which may occur as a result of any activity within or outside NID (including trips and transport of the student) in which the student was or is involved in, whilst said student is left under the management and supervision of the NID Head, personnel, plenipotentiary and / or any other responsible person(s) appointed by said NID.

MEDICAL ACCIDENTS AND EMERGENCIES

I / we further give my / our permission that, inasmuch as any medical incident, accident or emergency may occur in which said student may be involved, NID, Head, personnel, plenipotentiary and / or any other responsible person(s) from NID is hereby assigned, if the Parent(s) / Guardian cannot be reached, to take any steps to protect and save said student, including but not limited to: treatment by a medical practitioner or hospitalization of said student. If I / we are able to be reached, I / we undertake to take the student for such treatment without delay.

I / we indemnify the NID, Head, personnel, plenipotentiaries and / or any other responsible person(s) from payment of any accounts, medical costs and / or other expenses that may be incurred as a result of aforementioned and undertake further to pay all 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 agreement

DATE

SIGNATURE: HEAD NID COLLEGE

DATE

WITNESS

DATE

DECLARATION BY APPLICANT / PARENT / GUARDIAN

I / we hereby declare;

- (a) That the particulars furnished by me in this application form are true and correct and that I / we undertake to let NID College know within 14 days of any changes.
- (b) That I / we fully understand that the NID College is entitled to cancel my registration immediately, should it become apparent that any of the particulars furnished above in this application form is / are untrue or incorrect. That I / we have acquainted myself, and in the future will keep myself acquainted with the NID College's rules, code of conduct, drug-language- and payment policy, framed from time to time by the NID College or by any other competent body or person(s) attached to the NID College.
- (c) That I / we undertake throughout all the year(s) for which I register as a student of the NID College, for whatever programme of study, to abide by all the rules and regulations referred to in (b) above, including any amendments thereto and my substitutions therefore.
- (d) That I / we hereby undertake to pay punctually all such registration tuition, class, residence and other fees as NID College may from time to time charge during the year/s for which I register as a student of the NID College.
- (e) Should I terminate my studies, I / my parents / my guardian / my employer / my sponsor will remain liable for the payment of monies outstanding.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT / GUARDIAN

DATE

In the case of a minor, the parent / guardian will be bound by agreement

CHECKLIST

Please note that NID College does not consider incomplete applications forms. Before submitting your application, please check that you have done everything on the list below, which applies to you. Please tick the next to each point when you have checked it.

| | APPLICANT | COLLEGE |
|---|-----------|---------|
| Have you attached a certified copy of your RSA ID document or passport? | | |
| Have you attached a certified copy of highest qualifications and last official examination results? | | |
| Have you attached a certified copy of medical aid card? | | |
| Have you filled in all sections of the form that apply to you? | | |
| Have you signed the agreement declaring that the information given is complete / correct? | | |
| Have you provided all the contact details requested in this form? | | |
| Do you have a letter confirming your loan / bursary for your studies? | | |
| If you are an international student, have you applied for a study permit in your home country and have you attached a certified copy of your study permit to this form? | | |
| If you are an international student, have you attached a certified copy of your passport or certificate of refugee status? | | |

If your application is successful you will be notified in writing, and only then the non-refundable registration fee of R500 is payable.