



THEKWINI CITY {FET} COLLEGE

EDUCATION FOR SELF EMPOWERMENT

QCTO Accreditation: NATED/14/0085, UMALUSI 18FET0200168 PA
Department of Higher Education Exam Centre: 0599992515/0599995591

APPLICATION FORM

Kindly Fill in with Bold Capital letters

This APPLICATION form must be completed, scanned and sent via email to admissions@thekwinicitycollege.co.za for more information, contact (+27)31 301 3677/ (+27)31 301 1731/ WhatsApp (+27)78 028 0952



OUR COURSES	CAMPUS COURSE AVAILABILITY							
	DURBAN	JOZINI	MOKOPANE	MTHATHA	POLOKWANE	STANGER	THOHOYANDOU	PIETERMARITZBURG (PMB)
BUSINESS STUDIES N4 – N6								
BUSINESS MANAGEMENT	✓		✓	✓	✓			✓
EDUCARE	✓	✓	✓	✓	✓	✓	✓	✓
FARMING MANAGEMENT			✓	✓	✓		✓	
FINANCIAL MANAGEMENT	✓	✓	✓	✓	✓	✓		✓
HOSPITALITY & CATERING	✓							✓
HUMAN RESOURCES MANAGEMENT	✓	✓	✓	✓	✓	✓	✓	✓
MANAGEMENT ASSISTANT	✓							
MARKETING MANAGEMENT	✓	✓	✓	✓	✓			✓
PUBLIC MANAGEMENT	✓	✓	✓	✓	✓	✓	✓	✓
PUBLIC RELATIONS	✓		✓	✓	✓			
TRAVEL & TOURISM	✓	✓	✓	✓	✓	✓	✓	
ENGINEERING STUDIES N1 – N6								
CHEMICAL ENGINEERING	✓		✓	✓	✓			✓
CIVIL ENGINEERING	✓		✓	✓	✓	✓	✓	✓
ELECTRICAL ENGINEERING	✓		✓	✓	✓	✓	✓	✓
MECHANICAL ENGINEERING	✓		✓	✓	✓	✓	✓	✓
OCCUPATIONAL QUALIFICATIONS								
CLEARING & FORWARDING AGENT (NQF LEVEL 5)	✓							✓
SOCIAL AUXILIARY WORKER (NQF LEVEL 5)	✓							✓
INFORMATION TECHNOLOGY: END USER COMPUTING (NQF LEVEL 3)	✓							
UP-SKILLING ARTISANS PROGRAMMES (6 MONTHS)								
ELECTRICAL SKILLS TRAINING	✓							
SHORT COMPUTER COURSES	✓			✓				

PHYSICAL
ADDRESS:

STUDENT
EMAIL
ADDRESS:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PARENT/
GUARDIAN
NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CELL PHONE NUMBER OF PARENT/ GUARDIAN:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

QUALIFICATION DETAILS

Use a tick [✓] to select from the below options, indicate your highest qualification.

MATRIC RESULTS			GRADE 11 RESULTS			GRADE 10 RESULTS			GRADE 9 RESULTS	
-----------------------	--	--	-------------------------	--	--	-------------------------	--	--	------------------------	--

DECLARATION AND COMMUNICATION

Name of Applicant: _____ I.D No: _____

I do hereby declare that all information furnished in this application is true and correct. Permission is hereby granted to Thekwini City College to communicate with me via the email address and cell phone number provided in this application form should it be deemed necessary for college related matters.

Signed at: _____ (place) on this _____ day
of _____ (month) 20____ (year).

Signature (Applicant)

FOR OFFICE USE

Date of receipt:

D	D	M	M	Y	Y	Y	Y

Name of Admissions Officer

Signature (Admissions)

**This APPLICATION form must be completed, scanned and sent via email
to admissions@thekwinicitycollege.co.za**