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Johannesburg Campus

Application Form

PLEASE COMPLETE ALL SECTIONS OF THIS FORM. Write one (1) letter per block where applicable. Leave one (1) block open between words. Mark your particulars with an X where applicable.

FOR OFFICE USE ONLY

Captured by Registration Clerk	
Date:	
Name and Surname	
Student no.	

Student I.D/Passport No.	
Surname	
First Name	

Full-Time		Part-Time		Short Course		Distance learning	
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STUDENT CONTACT DETAILS

Physical Address:

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City:

	Postal Code	
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Telephone number:

	Cell phone number	
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Parent/Guardian number:

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Email Address:

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CITIZENSHIP:

SA Resident	Yes		No	
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Citizenship	SA	Other
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Country of Origin

DISABILITY:

Azania college supports inclusive Education. Do you have any of the following barriers or a disability such as:

Medical condition Learning Communication Physical Sensory

YES

NO

SCHOOL QUALIFICATIONS:

Were you at school last year?

YES

NO

HIGHEST GRADE PASSED:

Year

School name:

PREVIOUS QUALIFICATIONS:

Qualification name:

Year

Result

WHICH PROGRAMME DO YOU DO YOU CHOOSE TO FOLLOW? Please indicate your first choice with (1) and your second choice with (2). **Your application will not be processed if you do not complete this section. Please tick your qualification of choice on the table below.**

FULL QUALIFICATION		SHORT COURSES	
NQF level 5 sound technology		Radio production	
NQF level 5 radio production		Studio management	
NQF level 4 IT system development		Technical production	
NQF level 5 IT system development		Music industry entrepreneurship	
		DJ technology	
		Basic sound recording	
		Radio presenting	
		Studio skills production	
		Radio technical	
		Radio content producer	
		Radio DJ	
		Script writing	
		Computer literacy	
		Advanced computer literacy	
		Graphic design	

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Signature of applicant

Forward application form to the email address

Info@azaniacollege.co.za