



# higher education & training

Department:  
Higher Education and Training  
REPUBLIC OF SOUTH AFRICA

Internationally Recognised | Locally Essential



Phone: +27 11 334 0160 | Hotline: +27 73 701 9902  
Email: [info@southhillstvet.co.za](mailto:info@southhillstvet.co.za) | web: [www.southhillstvet.co.za](http://www.southhillstvet.co.za)  
8 Luttig Street, City Centre Building, Roodepoort, 1724  
No. 1 DeVilliers Street, Johannesburg, 2001

**DATE OF APPLICATION** 2 0 2 6 M M D D

REGISTRATION FOR ADMISSION						CHOOSE CAMPUS		EMPLOYMENT			
FOR THE YEAR		2	0	2		6	Roodepoort Campus	Johannesburg Campus	Are you currently employed?		
For office use only						Y			N		
Student no.											
Data Capturer					Company						

## 1) STUDENT BIOLOGICAL DETAILS

FIRST NAMES (in full)													
SURNAME													
DATE OF BIRTH													
ID NUMBER (RSA)					PASSPORT NUMBER								
STUD MODE			Full Time	Part Time	Online	POPULATION GROUP			BLACK	COLOURED	INDIAN	WHITE	
HOME LANGUAGE		AFR	ENG	NDEBELE	ZULU	SEPEDI	SWATI	XHOSA	S-SOTHO	TSWANA	TSONGA	VENDA	OTHER
CITIZENSHIP					STUDY PERMIT NUMBER			EXPIRY DATE					

## 2) STUDENT CONTACT DETAILS (Where you live permanently or where you can be contacted)

STREET ADDRESS										CODE	
POSTAL ADDRESS											
CELL NUMBER		(H) ( )						email			

## 3) EMPLOYER / PERSON RESPONSIBLE FOR ACCOUNT PAYMENT

NAME			ID NO									
CONTACT DETAILS		CELL	TEL (w)		( )		e-mail					

## 4) PARENT/GUARDIAN

TITLE			MR	MRS	MS	INITIALS		SURNAME										
POSTAL ADDRESS													CODE					
PHYSICAL ADDRESS													CODE					
CELL NUMBER			E-MAIL															

**5) PREVIOUS CERTIFICATES/QUALIFICATIONS**

YEAR	INSTITUTION	QUALIFICATION OBTAINED	SEEN	Y	N
Matric Certificate		With endorsement	Without endorsement		

**6) QUALIFICATION REGISTRATION**

APPLYING FOR THE ACADEMIC YEAR		2026					
YEAR PROGRAMME	SEMESTER	1	2	TRIMESTER	1	2	3
DEPARTMENT	Business Studies	Engineering Studies	Information Technology	Media Studies	Matric Rewrite		

Programme I wish to apply for	Specify course name and level
If unsuccessful, I am prepared to apply for	Specify course name and level (If applicable)
My third choice programme is	Specify course name and level (If applicable)

SUBJECT(S)	LEVEL/N	SUBJECT (S)	LEVEL/N

ADMINISTRATION FEE PAID	R	6	0	0	.	0	0
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PAYMENT METHODS

CASH  
DEPOSIT

CASH

CHEQUE

CREDIT  
CARD

OTHER

**COLLEGE ACCOUNT DETAILS**

South Hills TVET Institute

Acc Number: 62861565657

Branch Code: 250409

First National Bank

Acc Type: Business Reference : STUDENT SURNAME &amp; INITIALS

## IMPORTANT NOTICES

1. This is an application only. If you are successful and have fully paid the Administration Fee fee of R600.00, you will be invited to Register. You become a Southhills TVET Institute student only once we have issued an official proof-of-registration printout. Incomplete applications or those not accompanied by all the required documentation and proof of payment for the application fee will not be processed.
2. **POPI Declaration (Protection of Personal Information Act)**  
Where required in terms of national policies the College must, and will, share your personal information. In particular your data *will* be shared with national departments such as the Department of Higher Education (DHET) and with prospective Work Placement host employers. Your details may also be shared with external partners of the College in order to provide additional services to students.
3. **Financial Agreement** I undertake to pay the Application Fees, Registration Fees, and Tuition fees for the course for which I have enrolled and I understand that I shall not be entitled to a refund of fees paid by me for any other reason than listed in the Financial Policy.
4. **Learner Contract** I am fully aware of the admission requirements and I undertake to abide by the South Hills TVET Institute rules of which I have received a copy. I agree to purchase prescribed textbooks, equipment, and other stationery. I also understand that I am required to attend scheduled classes. I am further aware that I must complete all scheduled assessments (tests, norm tests, projects, examinations, etc) as per instructional offering requirements.
5. **Indemnity** I hereby indemnify the college against any injury sustained during attendance on any SouthHills TVET Institute campus, or on any educational tour/excursion attended by the student (see Excursion Policy). I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and that I shall be held responsible for the payment of medical and/or hospital accounts where applicable, should any injury be sustained which cannot be ascribed to negligence on the part of the staff responsible. I undertake to inform the college of any medical condition that should be noted.

*I/We the undersigned declare that all information provided herein is in full, true and correct and acknowledge that incomplete or incorrect information will result in the application being summarily rejected. I/We further agree to my personal data being shared as required.*

<b>Signature of Applicant</b>	<b>Date of Application</b>	<b>Signature of Guardian</b> <i>If Applicant is not yet 18 years old</i>

Please attach copies of the following documents:

- Certified copy of highest academic qualification/ school grade
- Certified copy of ID document
- Certified copy of proof of address
- Please note that certified documents must not be older than 3 months

College Administration Official use	Chk	Name (print) / Signature	Date
Acknowledgement of Application sent (SMS)			
Signoff on Capture			
Approval of Application			
Student informed of approval			