



higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

Internationally Recognised | Locally Essential



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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							
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 & 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.

Signature of Applicant	Date of Application	Signature of Guardian <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			