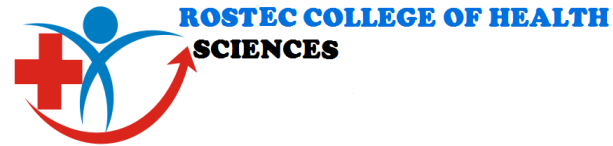


Rostec College of Health Sciences



Applicant's Name: _____

Date:/...../.....

How did you know about us? _____
OFFICE USE (HELP DESK CONSULTANT)

Name: _____

HWSETA REG, NO: HW591PA162681

Enrolment Form

PHASE ONE

The applicant must submit the application form obtainable from the reception, together with the Required documents before the closing date that will be specified for a particular learning Program

Page1

(NB): No late applications will be accepted.

PHASE TWO

All the applicants who have applied will be invited to attend selection interviews (Initial Diagnostic assessment). Applicants who have succeeded the selection procedure will be called upon to pay an admission fee specified for each learning program as a proof that the applicant has enrolled as learner in Rostec College Of Health Sciences before commencing the learning program.

PHASE THREE

Registration requirement: Registrations requirements depend on the requirements specified for each learning program. Admission is from minimum of Grade 10 -12 or Equivalent

**PLEASE ATTACH 2 CERTIFIED COPIES OF ID, 2 LATEST ACADEMIC, TERTIARY EDUCATIONAL RESULTS, MOTIVATIONAL LETTER
LEARNER INFORMATION/ DETAILS**

Surname and Name(s): _____

ID Number: _____

Contact Details: Tel (Work) _____

WhatsApp Number _____ Facebook name _____

Postal Address: _____ P.O Box _____

City _____ Postal Code _____

Parent/ Guardian Details:

Surname: _____

Names _____

Contact Details: Tel (Work) _____

Cell _____ Fax _____ Email _____

Postal Address _____ Home Address _____

Qualification and Programmes information

Qualification type (Tick Relevant)

- | | |
|--|---|
| <input type="checkbox"/> NC: Community Health Work SAQA ID 64697 level 4 | <input type="checkbox"/> GETC: Ancillary Health Work SAQA ID 49606 level 1 |
| <input type="checkbox"/> FETC: Social Auxiliary SAQA ID 23993 level 4 | <input type="checkbox"/> NC: Victim Empowerment and Support SAQA ID 49279 level 2 |
| <input type="checkbox"/> FETC: Counseling SAQA ID 49256 level 4 | <input type="checkbox"/> FETC: Victim Empowerment and coordination SAQA ID 49872 |
| <input type="checkbox"/> NC: Community Health Works SAQA ID 64749 | <input type="checkbox"/> NC: Child and Youth care Work SAQA ID 60209 level 4 |
| <input type="checkbox"/> FETC: Public Awareness Promotion of dread diseases and HIV/AIDS SAQA ID 74410 level 4 | |

DECLARATION FOR FOREIGN STUDENTS

Have you secured a study permit to study at Rostec College of health sciences? Yes No

If you have answered yes above, please give us you study permit no: _____

Expired Date of the study permit _____

Do you have any disabilities or chronic illnesses that may require assistance? Yes no

If yes describe the nature of the disability of chronic illnesses:

Rostec College of Health Sciences

STUDENT TERMS AND CONDITIONS OF REGISTRATION CONTRACT

Declare, agree and undertake the following towards Rostec College of Health Sciences

1. That I shall acquaint myself with the content of rules and regulations of the Rostec College of Health Sciences that apply to the learner in general as well as to course / learning program for which I am registering and that, for the entire duration of my study, I commit myself to fulfillment of these rules and regulations as well as to the additional rules and regulations that Rostec College of Health Sciences may announce thereof.
2. That failure to fulfill these rules and regulations can lead to disciplinary steps being taken, including permanent suspension from the college
3. That I shall acquaint myself with the admission requirements of Rostec College of Health Sciences for the course/learning program which I am registering and shall fulfill these requirements at the commencement of academic year;
4. No registration will take place unless a minimum amount as stated in the learning program brochure, has been paid;
5. That I cede and transfer to the college my rights and title in any intellectual property that I create or make in the course of study or research project that I undertake or may undertake at Rostec College of Health Sciences or that I develop with the assistance of the Rostec College of Health Sciences equipment except where otherwise agreed;
6. That if any exploitable intellectual property rights emanate from my studies at Rostec College of Health Sciences and the college shall derive revenue from it; the college shall pay me a portion of the revenue in terms of the guidelines that the Chief Executive Officer of Rostec College of Health Sciences may lay thereof.
7. That I undertake to sign any document, whenever necessary, to cede and transfer the rights concerned; (h) that this contract is and enforceable for the entire duration of my registration at Rostec College of health sciences thereafter until I have fulfilled all obligations in terms thereof
8. That Rostec College of Health Sciences is entitled to summarily cancel my registration at any time if false/incorrect information is provided to Rostec College of health sciences registrar.
9. That I indemnify Rostec College of Health Sciences against any liability damage of whatsoever nature that I may cause while I am registered as a learner at the college, irrespective of whether liability or damage result from any performed on or the premises of the college
10. Registration period will depend on the notional hours specified for each learning program
11. I am aware that I will attend classes after a specified Registration and admission fees has been paid
12. No refund will be considered after 5 days of registration, and should a learner cancel his/her course or fail to attend his/her course. All College registrations are considered to be on a full year registration status accept if stated otherwise on the day of registration and cancelation shall be approved by the Campus manager of the Principal upon receiving a written request within 14 days of that current tri or semester. Then the response shall be issued within 30 days of receiving the letter.
13. All outstanding fees must be paid in full before final assessment, failure to do so will result in the decision to delay the student from completing the assessment until the fees are settled.
14. All learners must complete the official registration form and submit a certified copy of their identity document, two ID photos and registration requirements specified in each learning program that the learner is registering for.
15. Learning program fees are payable on cash, debit order, Cheque or installment basis
16. If the learner is paying on an installment basis then his/her monthly installment must be paid on or before the (1) first day of each month.
17. Uniforms and portable equipment (if any) are available on campus and they are not part of the tuition fees but are available for sale.
18. Learning Materials are provided for free on a readable CD however if a student requires them in print or a tablet in form of eBooks they shall be made available to the learner at a cost.
19. Transport to clinical/ practical, Indemnity Cover, Accommodation, Student Name Tags, Access Cards and portable nursing equipment is the learner's own responsibility
20. (u) Educational field trips, the college will subsidize the students
21. (v) In the event that I do not complete my studies or wish to cancel my registration for whatever reason, I am fully aware that I will not be entitled to any refunds of any study or examination fees or part thereof paid by my guardian/parent or my self
22. I declare that, after registration for the program I will not fall pregnant as that will affect my duration and payments of the program. If that however happens, I will be liable to pay fees for the extra months attended after the 12 months of the program

I declare to the best of my knowledge, that the information I have provided/ been provided by the college is correct and I understand that any incorrect or misleading information will invalidate my application and that the college reserved the right to cancel or suspend my studies in breach of any of the above rules.

Students Signature Full Names and ID

VEREENIGING CAMPUS: Cnr. BEACONSFIELD & LESLIE STREET, BARCLAYS CENTRE, 1ST FLOOR, TEL : (016) 422 022 FAX (016)421 3272
JOHANNESBURG CAMPUS: Cnr. KRUIS STR & ALBERTINA SISULU (MARKADE BUILDING, TEL : (011) 336 9109 FAX (011) 333 0830
PRETORIA CAMPUS: 287 PRETORIUS STREET, Cnr. LILIAN NGOYI (Van der Walt Str.) OPP KFC TEL: (012) 751 6999 FAX (012)320 8898
BLOEMFONTEIN CAMPUS: 119 ST. ANDREWS STREET, PRESIDENT BUILDING 1ST FLOOR TEL : (051) 430 4920 FAX (051) 430 4921
PLOKWANE CAMPUS: 94 SCHOEMAN STREET, Cnr. RISSIK, HONDA SENTRUM BUILDING 1ST FLOOR, TEL (015) 297 7891 FAX (015)297

FEEES PAYMENT INFORMATION

Payment plan A: (Cash Option)

Registration fees =R..... to be paid

Tuition fees =R..... to be paid

Payment plan B: (Monthly installments' Option)

Registration fees =R..... to be paid and the

Total Tuition fees =R..... to be paid in installments of R.....

From: _____ to: _____

What is your preferred payment type? _____

Bank Deposit: Debit/Stop order: _____

Parent /Guardian's Declaration of agreement to pay fees according to the above charges

I..... (Full names of person responsible for paying learner's school fees) of ID No. _____ hereby declare that I have fully understood the above fee charges

specified in this contract document. I also agree to pay these fees in accordance with this agreement that I have concluded with the school. (Please NOTE that no changes can be made to this contract without a written consent from both the school and the Person responsible for the learner's payments)

SECTION I: PARTICULARS OF PARENT /SPONSOR/GUARDIAN/COMPANY RESPONSIBLE FOR PAYMENT OF LEARNER'S FEES

Full name and Surname:

Or

Full company Name:

ID number:

Or company Registration no:

Relationship of sponsor to Learner:e.g. Brother /Employee etc.

Physical address:

(Parent/guardian/Sponsor) _____

Code

Residential address:

(Parent/guardian/Sponsor)

Code

Sponsor's/parent's/Guardian's contacts

Tel (work) Cell: Home

Sponsor or parent's declaration of oath for being liable for learner's fee payment

I..... (Full names) of I.D hereby declare that the information given above is correct to the best of my knowledge. I hold myself/my company responsible for the full payment of all the learner's fees due. I also confirm that I have read and understood the enrolment terms and conditions in this contract and therefore agree to be bound by them.

Signature: Date: Place.....

DECLARATION BY THE STUDENT

I declare that all the information furnished by me on this form is true and correct and I understand to comply with the rules. Regulation and decision of ROSTEC COLLEGE OF HEALTH SCIENCES and any amendments there of which may be applicable to learners in general and produce or transmits in any form or manner. Ether electronically or mechanically including photocopying, recording or any other form of information storage or retrieval, any study guide,book,thesis,desertation,article,examinationpaper,lecture,printed tutorial matter or any other study aids in respect of which copyright exist unless such reproduction or transmission is done in an authorized manner

Date:

Student Signature:

CANCELLATION POLICY ACKNOWLEDGEMENT

I _____ with ID No. _____

Fully undertake responsibility and declare that:

1. In the event that I do not complete my studies or wish to cancel my registration for whatever reason, I am fully aware that I will not be entitled to any refunds after 5 days of registration or being absent without any valid reasons of adverse nature.
2. That I will be liable to pay a 20% CANCELLATION FEE on the Deposit/Tuition/Equipment
3. Fees paid should I cancel before attending classes soon after registration.
4. Should I cancel or withdraw from the course within 5 days after the course has commenced i will be charged a 50% cancellation fee on the deposit/tuition/equipment
5. After 5 days of attending classes no refund will be paid.
6. That this contract is and enforceable for the entire during of my registration at Rostec college of health sciences
7. Thereafter until I have fulfilled all obligations in terms of thereof.
8. The College will not EXCHANGE OR BUY BACK the used uniform or equipment and tablets that have been already purchased or issued.
9. ACCOMMODATION POLICY will be applied based on the contract that the student might have entered into with Rostec College of Health Sciences and proper measures will be followed.

Date:

Students signature: