|  |
| --- |
| 1. **PERSONAL DETAILS** |

SURNAME: ………………..………………………… FIRST NAME: …………………………………………….

DATE OF BIRTH: …………………………………………… PLACE OF BIRTH: ……………………………………………..

SEX: …………………………………………… TITLE:

MARITAL STATUS: …………………………………………... PREVIOUS SURNAME (IF ANY): …………………………………….

NATIONAL I.D: …………………………………………… RACE: …………………………………………….

NATIONALITY: ……………………………………………. CITIZENSHIP: …………………………………………….

PROVINANCE: ……………………………………………. RELIGION: ………………………………………………

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** | **IF YES TYPE AND / OR ATTACH PROOF** |
| ANY PHYSICAL DISABILITY |  |  |  |
| ARE YOU A WAR VETERMAN |  |  |  |

|  |
| --- |
| 1. **CONTACT DETAILS (ALL correspondence will be forwarded to the Physical Address)** |

PHYSICAL : …………………………………………………………. NEXT OF KIN’S NAME:…………………………………………..

………………………………………………………… RELATIONSHIP: ……………………………………………………..

…………………………………………………………. NEXT OF KIN ADDRESS: …………………………………………

………………………………………………………… …………………………………………..

……………………………………………………….. …………………………………………..

CELL/ TEL: ………………………………………………………… …………………………………………

Email Address: …………………………………………………. CELL/TEL: ……………………………………………

|  |
| --- |
| 1. **PROGRAMME CHOICES (PLEASE INDICATE PROGRAMME AND AREA OF SPECIATION (IF ANY), NB: turn to page 4 for programmes)** |

FIRST CHOICE PROGRAMME: ………………………………………………………………………

SECOND CHOICE PROGRAMME: ………………………………………………………………….

THARD CHOICE PROGRAMME: ………………………………………………………………………

**TICK APPROPRIATE**

**ENTER TYPE:** NORMAL MATURE  SPECIAL 

**INTAKE TYPE:** FULL TIME  PARALLEL  BLOCK RELEASE  VISITING SCHOOL 

**SPONSORSHIP:** GOVERNMENT  SELF  OTHER………………………………………………………

…………………………………………………………………………………………………………………………………………………………………

**FOR OFFICE USE ONLY**

RECEIPT NUMBER: ………………………………………. DATE OF RECEIPT: ………………………………………..

APPLICATION NUMBER: ………………………………. DATA RECEIVED: ………………………………………….