



# APPLICATION FORM

## Learners Details

Full Name:

Identity Document Type:

Identity Number:

Date of Birth:

Province:

Cell phone Number:

Alternative Contact number:

E-mail Address:

Dietary Requirements and Allergies if any:

Do you have a disability? No  Yes

POPI Act (Protection of Personal Information) Consent for Port Shepstone Institute of Technology to use this form to process your information on their systems and share and process it on their accreditation process- ing platforms of relative accreditation bodies: No  Yes

## Parent /Guardian/ Sponsor Details (to be completed if learner a minor)

Full Name:

Identity Number:

Cell phone Number:

E-mail Address:

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## Full Qualifications

Qualification Name	Credits	NQF Level	Duration	Price	Tick
Computer Technicain	284	5	18 months	R33600	
Occupational Health and Safety Officer	120	4	12 months	R22000	
Occupational Health and Safety Practitioner	120	5	12 months	R22000	
Beauty Therapist	158	4	12 months	R30000	
Beauty Practitioner	112	4	12 months	R25200	
Body Massage Therapist	60	4	3 months	R11000	
Nail Technician	47	4	3 months	R11000	
Make Up Consultant	47	4	3 months	R11000	

## Skills Programme (Short Course)

Short Course Name	Credits	NQF Level	Duration	Price	Tick
Basic End User Computing	30	3	6 weeks	R1800	
Intermediate End User Computing	20	4	4 weeks	R2500	
Advance End User Computing	20	5	4 weeks	R3500	
Technoprenuer	60	4	3 months	R6500	
Basic Emergency First Aid Responder	2	2	2 days	R900	
Intermediate Emergency First Aid Responder	4	3	4 days	R2100	
Advanced Emergency First Aid Responder	6	4	6 days	R3500	

**Disclaimer:** The entry requirements for NQF Level 5 Programs include a Matric qualification, while all other qualification requirements necessitate a minimum of Grade 11

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**Learner Full Name:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Witness Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Parent/Guardian/Sponsor:** \_\_\_\_\_  
(If learner is a minor or not self funded)  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Person responsible for account payment**

Name & Surname: \_\_\_\_\_  
Cellphone Number: \_\_\_\_\_  
Signature: \_\_\_\_\_

Required Documents:

- Copy of highest qualification
- Copy of ID
- Proof of address or letter from Counsellor

Banking Details	
<b>Registration Fee</b>	<b>R1000</b>
<b>Banking Bank:</b> FNB Account Name: Port Shepstone Institute of Technology Account Number: 63153816550 Branch Code: 250655 Account Type: Cheque Payment Reference: Initials and Surname	

FOR OFFICE USE ONLY	
Form Completed	
Signed	
Highest Qualification	
Copy of ID	
Application Fee Paid	

Please email required documents and proof of payment to: [admin@sheppytech.co.za](mailto:admin@sheppytech.co.za)