

APPLICATION FORM FOR FULL TIME STUDY

Student Applicant Name:.....

Qualification for which you wish to enroll:

- FET Certificate: Film, Television and Video Production Operations [NQF level 4]**
- FET Certificate: Photography [NQF level 4]**
- National Certificate: Television Production [NQF level 5]**
- National Certificate: Journalism [NQF level 5]**
- National Certificate: Animation and Visual Effects [NQF level 5]**
- National Diploma: Copywriting**

.....
Signature of Applicant
(or of legal guardian if applicant in not yet 18 years old)

.....
Date

For Admin use only:

Student is accepted: **Student is not accepted:**

Student number:



FULL TIME PROGRAMMES

A place at The Media Workshop can be reserved only for those first-time applicants who have paid the required application fee.

The following documents must accompany the application (Check box if the document is attached):

- Copy of the applicant's ID document
- Grade 12 Certificate (or copy of highest academic qualification)
- Certified copy of account payer's ID document
- Portfolio of work (if the applicant does not meet the minimum requirements and wishes to be considered for Recognition of Prior learning for access)

Section A: STUDENT APPLICANT DETAILS

Title:			
Surname:			
First name:		Initials:	
ID number:			
Date of birth:	Year:	Month:	Day:
Gender:			
Home Language:			
Marital status:		Maiden name (if applicable):	
South African citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>			
*Race: Black <input type="checkbox"/> Indian <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/>			

EDUCATION QUALIFICATION

Previous/Current Institution:	Year obtained:
Qualification Title (Grd11/GRD12/NC/DIPLOMA/DEGREE):	

NEXT OF KIN

Surname:
First name:
Relationship:
Telephone number(incl.code):
Cell number:

Please initial here

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* SA citizens and permanent residents: Please complete. Information required by the Department of Education for statistical purposes.





STUDENT CONTACT DETAILS (in South Africa)

Home telephone number (incl. Code):	
Work telephone number (incl. Code): (if available)	
Cellphone:	
Fax number: (if available)	
Email address: (if available)	

RESIDENTIAL ADDRESS

Street address:	
Suburb:	
City/Town:	
Postal Code:	
Province, Country:	

PREFERRED MEANS OF COMMUNICATION:

- Email
- Telephone
- Mail
- SMS

HOW DID YOU FIND OUT ABOUT US? Word of mouth Website School visit
Pamphlet/Brochure Career Expo
Advertisement (please specify)

Check box if you accept:

I hereby declare that I have received, read and understood The Media Workshop's relevant programme information and the schedule of applicable tuition fees which shall apply *mutates mutandis* to me in my full capacity.

Please initial here

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Section B: ACCOUNT PAYER DETAILS

Title:	
Surname:	
First name:	Initials:
ID number:	
Home telephone number (incl. Code):	
Work telephone number (incl. Code):	
Cellphone:	
Fax number:	
Email address:	

RESIDENTIAL ADDRESS

(in South Africa) (outside South Africa)

Street address:	
Suburb:	
City/Town:	
Postal Code:	
Province, Country:	

POSTAL ADDRESS

Address:	
Suburb:	
City/Town:	
Postal Code:	
Province, Country:	

WORK ADDRESS

Street address:	
Suburb:	
City/Town:	
Postal Code:	
Province, Country:	

Please initial here

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Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of Student Applicant: _____

Date: _____

Signature of Legal Guardian: _____

Date: _____

