higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

South Cape TVET College
Suid-Kaap Kollege
Ikholeji yasemZantsi-Kapa

REGISTRATION FORM

YEAR	2	0		

REPORT 191 (NATED): EDUCARE *FULL TIME*

Block	Description	Tick ONE (√)
S1	SEMESTER 1 (Jan – June)	
S2	SEMESTER 2 (Jul – Dec)	

Tick relevant Campus (√)					
Beaufort West Campus	02		Hessequa Campus	05	
Bitou Campus	03		Mossel Bay Campus	06	
George Campus	04		Oudtshoorn Campus	07	

STUDENT SURNAME		STUDENT INITIALS				
STUDENT NAMES						

STUDENT ID NUMBER													*For office use:* STUDENT NUMBER									

SUBJECT DESCRIPTION	SUBJECT CODE (SELECT SUBJECT CODE & LEVEL WITH A √)					
	NC4003 N4 50410002		NC5002 N5 50510002		NC6002 N6 50610001	
Day Care Personnel Development ***(DCPDN4)***	4110384					
Education ***(EDUN4)***	7080094					
Educare Didactics Theory & Practical ***(EDUDIN4/N5/N6)***	7080104		7080115		7080126	
Child Health ***(CHILDN4)***	9070244					
Day Care Communication ***(DCCON5/DCOMN6)***			5140225		5140236	
Educational Psychology ***(EDUPSN5/N6)***			20060105		20060116	
Entrepreneurship & Business Management N4 ***(EBMANN4)***			4090304 (N4)			
Day Care Management ***(DCMANN6)***					4110396	
Computer Practice **(Optional subject)** ***(CPRACN4)***	6030204					

Please note:

1. ***Exam admission is subject to the regulations of the:***
   DEPARTMENT OF HIGHER EDUCATION AND TRAINING (DHET) NATIONAL EXAMINATIONS DEPARTMENT.

2. I undertake to inform the Campus Administrative Officer of any changes regarding my personal details or change/cancellation of my Course.

Student Contact Number:		Signature of Student:		Date:	...../...../20.....