



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 (v)
S1	SEMESTER 1 (Jan – June)	
S2	SEMESTER 2 (Jul – Dec)	

Tick relevant Campus (v)			
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																			
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For office use:

STUDENT NUMBER																			
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SUBJECT DESCRIPTION	SUBJECT CODE (SELECT SUBJECT CODE & LEVEL WITH A v)					
	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 (EDUPSNS5/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.....							