**REGISTRATION FORM**

Use one form per person registering. Please print and tick all relevant boxes. **INCOMPLETE FORMS WILL NOT BE PROCESSED.**

|  |  |
| --- | --- |
| Surname/Last name: | Campus ID (Student no): |
| Title: | Full names: |
| **Contact details (**Complete in full **)** |
| Address: ................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................. |
| Home tel: ( ) | Work tel: ( ) |
| Cell: | Fax: ( ) |
| Email address: |
| **THIS INFORMATION IS REQUIRED FOR UCT REPORTING PURPOSES** |
| Age group (*Please circle one*): | Under 20 | 20–29 | 30–39 | 40–49 | 50–59 | 60–69 | Over 69 |  | **Gender** | M | F |
| Nationality: | Race: | Do you have a disability? Yes / No If yes, please specify: |
| Highest educational qualification achieved: |
| Are you a graduate of UCT? Yes / No | If yes, what year and degree? |
| Occupation: | ID number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **APPLICATION FOR REDUCTION IN FEES** (*Please tick relevant box*) |  |
| I wish to apply for a reduction in fees and certify that I am: |
|  | Member of staff/partner: Staff no: |
|  | Student at: Student no: |
| **OFFICE USE ONLY** |
|  | An individual dependent on an income of less than R8 000 per month. |
|  | A member of a family (including couples and single parents) whose total income is less than R12 000 per month. |
| QA | SG |
| Signature: ..................................................................................................................... Date: .............................................. |
| **I WISH TO REGISTER FOR THE FOLLOWING COURSE(S):** |
| Course no | Course title | **FEE** |
| QE | TC |
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| REG: | RECEIPT NO: |
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| HANDOUTS: | DATE: |
| I enclose payment by cash/postal order/cheque/credit card/direct deposit/EFT (*circle one*) for:*Make cheques payable to ‘UCT’. For credit cards complete section below.**For information about making payment by direct deposit, please refer to page 4 of the brochure.* | **R** |
| **CREDIT CARD USERS ONLY** (*Complete in full. Please ensure all details are correct and valid.*)*If your credit card is about to expire please enter your new card expiry date.* |
| BAXTER: | PARKING: |
| Please charge my credit card with the appropriate amount due for this registration. Mastercard  Visa  American Express  Diners Club |
| Credit card no. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Expiry date |  |  |  |  | CVC security no. (last 3 digits on reverse of card/ American Express is 4 digits on front right of card) |  |  |  |  |
| PACKED: | CHECKED: |
| Cardholder’s name and initials: |
| Cardholder’s signature: ................................................................................................ Date: ............................................... |