**REGISTRATION FORM**

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

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| 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: ............................................... | | | | | | | | | | | | | | | | | | | | | | | | | | |