OLIVEWOOD TECHNICAL COLLEGE

24 Lambani Madandila, 0960

Reg No: 2018/533303/07

E-mail: info@olivewoodcollege.com

Web: www.olivewoodcollege.com

Tel: 015 061 0971

ENROLLEMENT FORM FOR 2026

1. LEARNER INFORMATION															
Highest Grade Passed:				Year Passed:											
Student's Name(s):															
Preferred Name:				Initials:											
Surname:															
Gender (X):	Female ☐		Male ☐	Age:											
Date of Birth:	Y Y	Y Y	M M D D	ID/passport No:											
Home Language:				Nationality :											
Physical Address:				Postal Address:											
Student Email:															
Student Cell:				Emergency Telephone:											

24, Lambani Madandila, 0906. Reg No: 2018/533303/07. Tel: 015 061 0971. www.olivewoodcollege.com

This form remains the property of Olivewood Technical College (OTC) and is only used for admissions purpose.

2. ACADEMIC HISTORY

Name of Previous School:	
Last Grade passed:	
Reason for Leaving Previous School:	

3. PROGRAM INFORMATION

To which program are you applying for : tick (√) Relevant program

☐ Adult Literacy Teacher (NQF Level 5)

☐ Basic End User Computing (NQF Level 3)

☐ Occupational health and Safety Officer (NQF level 4)

Year Applying for:	

4. STUDENT MEDICAL INFORMATION

Any Medical Conditions/Disability:	
Details of special conditions requiring attention:	

5. PARENT/GUARDIAN INFORMATION

Surname & Name					
Title:		Marital status:		Nationality:	
E-mail:					
Cell:				Home Phone:	

Home Address:		
Work Phone No:		
Relationship to Student:		

6. PERSON/ENTITY RESPONSIBLE FOR ACCOUNT

Name & Surname:			
E-mail:		Cell:	
Home Address:			
Profession/Occupation:			
Business Name:			
Work Email:		Work Phone No:	

7. ACCOMODATION

Need for accommodation

☐ Yes
☐ No

8. REQUIRED DOCUMENTATION

Required Documentation	Tick if Attached (Student Checklist)	Tick if Received (Office Use)
Copy of ID (certified)	☐	☐
Most recent school report(s) (certified)	☐	☐
Comments:		

9. DECLARATION

I hereby declare that all information provided is true and complete, including any attachments, and I agree that my application may be rejected if I have falsified this application in any way, or failed to provide any relevant information.

Name of Student: _____

Signature: _____

Signed at _____ on the _____ day of _____ 20____

N.B. A non-refundable Registration fee of R1 500 is payable upon admission and at the beginning of every semester/trimester.

Banking Details
Bank: First National Bank (FNB)
Account Type: Cheque
Branch Code: 250655
Account Holder: Olivewood
Account Number: 63135011491
Reference: ID no. of applicant
Submit your application form to: info@olivewoodcollege.com with the subject line "Program Name –   Your Name"