



REAL SKILLS

TECHNICAL FET

"Transforming Ambitions Into Real Skills"

☎ 051 023 0676 / 012 023 0556
☎ 063 804 8966 / 068 655 2746 / 067 052 3590
🌐 www.realskillztraininginstitute.co.za
✉ Info@realskillztraininginstitute.co.za

APPLICATION FORM

Year for which you are applying: _____

Student Number - For Office Use:
(If Applicable, please enter previous Student
Number issued by Rainbow)

Campus

BLOEMFONTEIN
FreeState

PRETORIA CBD
PRETORIA

Please complete the application form below in full, initial each page, and return it to Real Skills before 16 February. Thereafter it is regarded as a late application and a late application fee will apply.

1. APPLICANTS DETAILS

Surname: _____

First Names: _____

ID Number: _____

Residential
Address
(Street): _____

Postal Code: _____

Postal
Address:
(if different) _____

Postal Code: _____

Tel (H): _____

Tel (W): _____

Cell: _____

Fax: _____

E-mail: _____

Title (i.e. Mr/Mrs): _____

Race: A ☐ W ☐ I ☐ C ☐

Other: _____

(required for statistical purposes by the DOE)

Gender: Male ☐ Female ☐

Do you suffer from any disabilities or
medical conditions that may adversely
affect your studies?

Yes ☐ No ☐

If yes, please state the nature of the
disability or condition:

2. MARKETING

How did you hear about the programme you are applying for at
Rainbow?

If Guidance counselor, please provide details:

Name _____

Contact _____

Exhibition ☐ Internet (Website) ☐

Newspaper ☐ Friends ☐

Family/parents ☐ School visit ☐

Posters ☐ Guidance counselor ☐

3. COURSES

Course you are applying for And Days/Time Of Study.

4. PARENT/GUARDIAN

Name: _____

Tel (H): _____

Relationship: _____

Tel (W): _____

ID Number: _____

Cell: _____

Residential
Address
(Street): _____

E-mail: _____

Postal Code: _____

Postal
Address:
(if different) _____

Postal Code: _____

5. ACADEMIC HISTORY

Highest qualification Attained: _____

Year: _____

Country: _____

Aggregate: _____

If previous qualification, please provide details:

Qualification Description: _____

Institution: _____

Total Credits: _____

Year(s) of study: _____

Completed Y ☐ N ☐

Qualification Description: _____

Institution: _____

Total Credits: _____

Year(s) of study: _____

Completed Y ☐ N ☐

Qualification Description: _____

Institution: _____

Total Credits: _____

Year(s) of study: _____

Completed Y ☐ N ☐

6. DECLARATION (Compulsory)

I, _____ (Full Name), ID/Passport Number: _____, the undersigned, declare that all the particulars supplied by me in this form are true, complete and correct. I accept that incorrect or misleading information could lead to the cancellation of this application.

Applicant:

Signature: _____ Date: ____ / ____ / ____
Witness: _____ Date: ____ / ____ / ____
Parent/Legal guardian: _____ Date: ____ / ____ / ____

This section must be completed by the benefactor, i.e. the person who will be responsible for the payment of all tuition fees.

I, _____ (Full Name), the undersigned, hereby acknowledge myself to be jointly and separately responsible for monies, which the above mentioned applicant may at any stage be owing to Real Skills Technical FET in terms of the agreement that he/she concluded with Real Skills as set out above, including any change thereto,,

Parent/Guardian/Benefactor:

Signature: _____ Date: ____ / ____ / ____
ID Number: _____



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Banking Details

FOR EFT / CASH PAYMENTS /INTERNATIONAL TRANSFERS

Bank: **ABSA**
Account Name: **Real Skills Training Institute**
Account Number: **41 110 285 23**
Account Type: **Gold Business Account**
Branch Code: **632005**