SHAKALAND TECHNICAL COLLEGE

ENROLMENT FORM NATED BUSINESS STUDIES

HUMAN RESOURCE MANAGEMENT N4 – N6 FULL TIME

STUDENT NUMBER	

TITLE														
SURNAME														
FIRST NAME/S														
ID NUMBER														
GENDER	M		F		DISABLED				Y		N			
	(Specify disability)													
STUDENT CELL														
LANGUAGE														
RACE	BLACK		INDIAN		WHITE		COLOURED							
NATIONALITY	SA		OTHER (SPECIFY)											
MEDICAL HISTORY														
PARENT/GUARDIAN														
POSTAL ADDRESS														
RESIDENTIAL ADDRESS														
	PROVINCE		POSTAL CODE											
TEL. No HOME														
PARENT CELL														
COURSE	HUMAN RESOURCE MANAGEMENT		LEVEL	N 4	N 5	N 6								

SUBJECTS	TICK		AMOUNT
PERSONNEL TRAINING			
ENTREPRENEURSHIP AND BUSINESS MANAGEMENT			
COMPUTER PRACTICE			
MANAGEMENT COMMUNICATION			
PERSONNEL MANAGEMENT			
LABOUR RELATIONS			
		TOTAL	
REGISTRATION FEES			
DEPOSIT			
BALANCE			

__________________ ENROLMENT OFFICER

__________________ SIGNATURE

__________________ DATE