

# Innovative Technology Design - Educational Public Institution



[www.inted.org.za](http://www.inted.org.za)

FOUNDER : SHIVAMBU P  
CO-FOUNDER : MASHAVHELA B

MEET OUR BOARD MEMBERS

1.HEAD OF ADMIN : MUDAU F  
2.FINANCIAL DIRECTOR : VELE K

53 STYLDRIFT  
SHIRLEY/ELIM HOSPITAL  
AKANANI CENTRE  
LIMPOPO  
0960

[info@inted.org.za](mailto:info@inted.org.za)  
[careers@inted.org.za](mailto:careers@inted.org.za)  
[registration@inted.org.za](mailto:registration@inted.org.za)

OWNED AND MANAGED BY YOUTH

## ENROLLMENT FORM

### 1. Personal Information

Full Names <i>(Last, First, M.I.):</i>		<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
			ID:
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Postal Address:		Physical Address:	
Province:		Cell No:	
Highest Grade Passed:			
Previous School:		Date of last examination:	

### 2. GUARDIAN INFORMATION/ NEXT OF KIN

Full Names		Title	Cellphone:
Occupation	<input type="checkbox"/> Employed		Postal Address
	<input type="checkbox"/> Unemployed		
	<input type="checkbox"/> Self-employed		
Source of Funding:			

3. Course Information ()

Level:

Subjects	Subjects	Subjects

COURSE TITLE	DURATION	AMOUNT

ACCREDITATIONS



**POETA**

PRIMARY SETA : P21/0818/L896



**ETDP-SETA**

DUAL ACCR : ETDPS011192



**SERVICES SETA**

REGISTRATION NO :13360

REGISTRATIONS



**SARS**

South African Revenue Service

PBO : 930059771



**social development**

Department:  
Social Development  
**REPUBLIC OF SOUTH AFRICA**

DSD : 198-349NPO

GIYANI CAMPUS : SIYANDHANI VILLAGE  
 CORNER MAIN ROAD & AIRPORT ROAD  
 OPPOSITE COMMUNITY HALL  
 GIYANI  
 0826

C.E.O : MR L MHELEMBE  
 072 580 4229/078 386 7307  
 mhelembelucky@inted.org.za  
 imbukuta@gmail.com

GIYANI CAMPUS : SIYANDHANI

**4. Declaration by student**

Full Name and Surname \_\_\_\_\_

ID Number \_\_\_\_\_

Programme/Course \_\_\_\_\_

Cell Number \_\_\_\_\_

**SIGNATURE OF APPLICANT**.....

**Date**.....

**SIGNATURE OF Parent / Legal Guardian**.....

**Date**.....

**5. CHECKLIST**

Kindly ensure that the following documents are attached:

<b>DOCUMENTS</b>	<b>YES</b>	<b>NO</b>	<b>IF NO STATE REASON</b>
1. Certified ID copy / Birth Certificate			
2. Certified copy of passport (Foreign students)			
3. Proof of residence			
4. Certified copy of statements of results			
5. Certified ID copy of Parent / Legal Guardian			

**6. FOR OFFICE USE ONLY**

<b>Student Number :</b> _____			
<b>ACCEPTED</b>		<b>NOT ACCEPTED</b>	
<b>Paid:</b> _____			
<b>APPROVED BY:</b> _____			
<b>NAME OF HOD</b>			
<b>SIGNATURE</b> .....		<b>DATE</b> .....	