

APPLICATION FORM 2023



FORT COX AGRICULTURE AND FORESTRY TRAINING INSTITUTE
P.O. BOX 2187, KINGWILLIAMSTOWN, 5600,
EASTERN CAPE, REPUBLIC OF SOUTH AFRICA
Tel: 040-653 8033/4 Fax: 040- 653 8036

ID PHOTOGRAPH
TO AFFIXED
HERE

APPLICATIONS ARE OPEN FROM 01 JULY 2022 – 31 OCTOBER 2022
LATE APPLICATIONS ARE OPEN FROM 01 NOVEMBER 2022– 30 NOVEMBER 2022

APPLICATION FEE:

A non-refundable APPLICATION FEE of R200.00 must be paid for applications submitted within the period of **01 JULY 2022 – 31 OCTOBER 2022**.

The **LATE APPLICATION FEE** after the closing date is R300.00 and must be paid for applications submitted within the period of **01 NOVEMBER 2022 – 30 NOVEMBER 2022**.

BANKING DETAILS:

Please attach the original deposit slip to the application form and keep a copy for future reference.

ACCOUNT NAME	-	FORT COX COLLEGE OF AGRICULTURE AND FORESTRY
BANK NAME	-	FIRST NATIONAL BANK
BRANCH NAME	-	KING WILLIAMS TOWN
BRANCH CODE	-	210519
ACCOUNT NUMBER	-	62000658049
REFERENCE	-	APPLICANT'S SURNAME AND FULL NAME

CHECK LIST FOR DOCUMENTS

Please attach certified copies of the following documents:

- National Senior Certificate (NSC), National Certificate Vocational (NCV)
- Diploma in Agriculture/ Forestry
- Academic record and certificate of conduct if transferring from another Agricultural college or institution.
- Identity document (Applicant)
- Identity document (Parent)
- A study permit and proof of permanent residency must be submitted by International application.
- SAQA Clearance letter (international qualifications)
- Proof of Payment Application fee
- Proof of Address (E.g. Municipal letter Account, Store account letter etc.)
-

NB: All applications must sent via post, or emailed no faxed application will be considered. For general enquires please send an email to admissions@fortcox.ac.za

A. PERSONAL DETAILS:

PLEASE NOTE: It is the responsibility of the student to make sure that the personal details and contact details are kept up to date, all changes thereof must immediately be reported to the to the Student Bureau office.

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Title:		MR	MISS	MRS	DR	REV	Initials:							Year:	2	0	2																
Surname:																																	
First Names:																																	
Alternate Names:																																	
Birth Date:		d	d	m	m	y	y	y	y					Gender:	female	male																	
ID Number:																		Passport Number:															
Marital Status:		single	married	divorced	widow/er					Preferred Language:		English	alternate																				
Current Occupation:												Home Language:																					
Study Permit No (if not SA Citizen):																																	
B. CITIZENSHIP / ETHNICITY:																																	
Citizenship					Ethnic Group:	White	Coloured	Indian	Black	Asian																							
C. FINANCIALS:																																	
Source of Funding:		Parents	Government	Private body	Bursary Required?	yes	no	Employer	Employer Name:																								
D. MISCELLANEOUS:																																	
Where did you hear about the College? :		Friend	Teachers	Family	Radio	Talk at School	Our Website	Promotional Items	Community Newspaper	M	gazines	Other (please specify)																					
E. POST SCHOOL DETAILS:																																	
Name of College/Institution currently studying:												Student/Exam No:																					
Matric Date		y	y	y	y	m	m	Matric Aggregate:																									
CANCELLATION:		Reason for Cancellation:								Date Cancelled:				Student Signature confirming Cancellation:																			
F. CONTACT DETAILS OF STUDENT:																																	
Student Postal Address:		Number and Street																															
		Suburb																															
		Town												Postal code:																			
		Province												Municipality																			
Residential Address:		Number and Street																															
		Suburb																															
		Town												Postal code:																			
		Province												Municipality																			
Contact Telephone Numbers:		Cell Number						Home Number						Work Number																			
E-mail Address:																																	
G. CONTACT DETAILS OF PARENT / GUARDIAN / PERSON WHO MUST RECEIVE:																																	
Title	MR	MISS	MRS	DR	REV	Initials						Surname																					

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Relationship of next of kin:	Aunt	Brother	Church Leader	Community Leader	Cousin	Father	Grandfather	Grandmother	Guardian	Mother	Partner	Police Officer	Sister	Social Worker	Spouse	Uncle																	
Physical Address:	Number and Street																																
	Suburb																																
	Town											Postal code:																					
	Province											Municipality																					
Contact Telephone Numbers:	Cell Number					Home Number					Work Number																						
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E-mail Address:																																	

H. DISABILITIES: Do you have a medical condition or disability? If so, please indicate with an 'x' below:

None	Behavioral Disorder	Deaf/Blind Disabled	Hard of Hearing	Partially Disabled	Severe Intellectually Disabled
Attention Deficit disorder	Blind	Deaf	Mild/Moderate Intellectually Disabled	Psychiatric Disorder	Specific Learning Disabled
Autistic Spectrum Disorder	Cerebral Palsied	Epilepsy	Multiple Disabled	Profound Intellectually Disabled	Dyslexia
Other	Please indicate:				

I. CURRENT EMPLOYMENT STATUS (Please indicate with an 'x')

EMPLOYED		SELF - EMPLOYED		UNEMPLOYED		STUDENT	
INDUSTRY				POSITION IN COMPANY			
NAME OF COMPANY				PERIOD IN POSITION			

J. COURSE PREFERENCE (In the order of preference, please indicate two Diploma options you are interested in studying):

DIPLOMA APPLYING FOR:	
FIRST CHOICE:	
SECOND CHOICE:	
ADVANCE DIPLOMA APPLYING FOR:	
FIRST CHOICE:	
SECOND CHOICE:	

DECLARATION BY APPLICANT

- I declare that the information, which I have furnished, on this form is, to the best of my knowledge true and correct and any false declaration may result in my application being rejected.
- I hereby exempt the Fort Cox Agriculture and Forestry Training Institute from any liability resulting from my own negligence or indiscipline.
- If I am admitted I undertake to:
 - a. Read and abide by all official notices to students.
 - b. Reside at the residence to which I may be allocated into.
 - c. I shall be liable for any damage to the Institution property caused by myself.
 - d. I hold myself responsible for the payment in full of all fees and other charges regardless of sponsorship.
 - e. I shall abide by the rules of the institution and adhere to them as enshrined in the prospectus and other institutional

SIGNATURE OF APPLICANT _____

DATE _____

PLEASE NOTE: It is the responsibility of the student to make sure that the personal details and contact details are kept up to date, all changes thereof must immediately be reported to the to the Student Bureau office.

