



PINNACLE TECHNICAL ACADEMY

• SKILLS • KNOWLEDGE • OPPORTUNITY

APPLICATION FOR REGISTRATION

START YOUR JOURNEY.
BUILD YOUR FUTURE.



QUALITY
TRAINING



PRACTICAL
SKILLS



REAL
OPPORTUNITIES



PLEASE COMPLETE IN BLOCK LETTERS

DATE:

1 PERSONAL INFORMATION

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Full Names:

ID / Passport Number:

Date of Birth: Gender: ☐ Male ☐ Female

Nationality:

Home Language:

Do you have a disability? ☐ Yes ☐ No

If yes, please specify:

3 PROGRAMME APPLYING FOR

PLEASE SELECT YOUR PROGRAMME:

OCCUPATIONAL CERTIFICATE (NQF LEVEL 4 - 5)

- | | |
|---|---|
| ☐ Boilermaker (NQF Level 4) | ☐ Bricklayer (NQF Level 4) |
| ☐ Welder (NQF Level 4) | ☐ Mechanical Fitter (NQF Level 4) |
| ☐ Automotive Motor Mechanics (NQF Level 4) | ☐ Pipe Fitter (NQF Level 4) |
| ☐ Electrician (NQF Level 4) | ☐ Tooling Machinist (NQF Level 4) |
| ☐ Plumber (NQF Level 4) | ☐ Health & Safety Practitioner (NQF Level 5) |
| | ☐ Office Administrator (NQF Level 5) |

NC(V) PROGRAMME (UMALUSI ACCREDITED)

- ☐ NC(V) Information Technology & Computer Science (Level 2 - 4)
- ☐ NC(V) Electrical Infrastructure Construction (Level 2 - 4)
- ☐ NC(V) Engineering and Related Design (Level 2 - 4)

OCCUPATIONAL SKILLS PROGRAMMES (QCTO)

(Please specify):

Other (Specify):

6 HIGHEST EDUCATIONAL QUALIFICATION

Highest Grade Passed:

Name of School / Institution:

Year Completed:

IMPORTANT:

- All applications are subject to admission requirements.
- Submission of this form does not guarantee acceptance.
- Incomplete applications will not be processed.

2 CONTACT INFORMATION

Residential Address:

Suburb: Code:

City: Province:

Cell Phone:

WhatsApp Number:

Email Address:

4 SUPPORTING DOCUMENTS CHECKLIST

Please ensure the following certified copies are attached:

- ☐ ID / Passport Copy
- ☐ Latest Academic Results / Certificate
- ☐ Proof of Residence (Not older than 3 months)
- ☐ Passport Size Photo (2)
- ☐ Medical Certificate (If applicable)
- ☐ Other:

5 EMERGENCY CONTACT

Full Name:

Relationship:

Contact Number:

Alternative Number:

7 DECLARATION

I declare that the information provided in this application form is true and correct. I understand that any false information may result in the cancellation of my application or registration.

Applicant Signature:

Date:

SPONSOR SIGNATURE (If Applicable)

Sponsor Name:

Sponsor Signature:

Date:

OFFICE USE ONLY

Application Received By:

Date Received:

Application Status: ☐ Pending ☐ Approved ☐ Not Approved

Student Number:



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