

Document no.	ADM-FO-011
Revision no.	005



APPLICATION FOR RESIDENCE ACCOMODATION 20.....

NAME OF STUDENT		STUDENT NUMBER
REGISTERED PROGRAM		CAMPUS
PREVIOUS STUDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 1: PERSONAL DETAILS

ID NO: DOB: Day Month Year

Race: White African Coloured Indian Gender: Male Female
(Required for statistical reasons only)

Nationality: _____ Home Language: English Afrikaans Other

Marital status: Single Married Divorced Widowed

Employment status: Employed full time Employed part time Contract Unemployed

Disability: Yes No If Yes, please specify: _____

SECTION 2: COMMUNICATION DETAILS

Residential address	Postal address
Postal Code:	Postal Code:

Contact Numbers

Work: Home:

Fax: Cell:

E-mail Address: _____

Name & alternate telephone no. of family member/ neighbour or any other contact person:

SECTION 3: MEDICAL INFORMATION

Contact Person/ Next of Kin	Relationship		Medical Aid		Yes	No	Fund no
Medical Aid	Yes	No	Medical Aid No				

Do you have any dietary preferences? No Yes If yes, Please indicate :

Do you have any chronic illness? No Yes If yes, Please indicate :

SECTION 4: HISTORY

If you previously stayed in one of WCC residences, please state reason/s for leaving:
.....

Undertaking by Student/Parent/Guardian

To ensure proper conduct in all residences provided by West Coast FET College, I the undersigned do hereby undertake to adhere and abide to the following terms and conditions:

1. I will adhere to all the rules and regulations as set out by the West Coast College and specifically in all residences, failing which, appropriate action may be taken against me as per the Disciplinary Code of the College.
2. I acknowledge that I am residing in the facilities provided by the College with the specific aim to further aim to further my studies and are therefore committed to attending all classes for the entire academic year.
3. I endeavour to be regular and punctual at all times.
4. I will conduct myself in a highly disciplined and decent manner at all times, both within the residences as well as the community
5. I will at all times treat my fellow students, Supervisors, Management the community and the property of West Coast College with dignity and respect.
6. I will accept responsibility for any wilful actions resulting in damages caused by myself and agree to pay for any damage caused by my actions.
7. I will refrain from any violent acts or disturbances that will bring the College in disrepute.
8. I will not use, be in the possession or promote the use of any alcoholic substances or any other type of drug, both within and outside the residences.
9. I accept that if I do not adhere to the above, I will accept any disciplinary action taken against me which might include immediate suspension from any residence.
10. I undertake to notify West Coast College in writing in the event of discontinuing my studies and/or vacating of afore-mentioned residence, and in the event of me not being yet of age, the letter of notification shall be signed by my parent/s or guardian.

Signed aton theday of 20.....

Signature of resident	
Date	
Signature of Parent/Guardian (if applicable)	
Date	

For Official use only

Processed by	
Date	
Recommended	
Allocated residence	
Room No	