

ATTI REGISTRATION FORM 2025

To register:

- Complete Section A, B, C, D
- 2x Certified copies of your ID
- Parent/Guardian Copy of ID, Proof of Bank Account
- Certified Copy of your highest qualifications
- Registration fee of R850 to be paid @ registration
- Copy of Curriculum Vitae (CV)

Student number:

SECTION A

LEARNER DETAILS

Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Adv. <input type="checkbox"/> Dr <input type="checkbox"/> Prof. <input type="checkbox"/>
Full Names	
Surname	
Initials	
ID Number/Passport no.	
ID Type	
Date of Birth	Y Y Y Y M M D D
Age	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status	
Equity	African <input type="checkbox"/> Asian <input type="checkbox"/> Colored <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/>
Home Language	
Disability Status	
Nationality	
Socio Economic Status	Employed <input type="checkbox"/> Self Employed <input type="checkbox"/>
Cellphone No.	Alternative no.
Email Address	
Physical Address	
City/Town	
Province	Postal Code:

HIGH SCHOOL DETAILS

High School Name	
School Address	
City/Town	
Province	Postal Code:
Local/District Municipality	
Residential area	Urban <input type="checkbox"/> Rural <input type="checkbox"/>
Year Matriculated	
How/where did you hear about us?	

SECTION B

PARENT/ GUARDIAN/ SPONSOR INFORMATION DETAILS (PERSON SIGNING THE CONTRACT)

Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Adv. <input type="checkbox"/> Dr <input type="checkbox"/> Prof. <input type="checkbox"/>
Full Names	
Surname	
Initials	
ID Number/Passport no.	
ID Type	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Equity	African <input type="checkbox"/> Asian <input type="checkbox"/> Colored <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/>
Home Language	
Nationality	
Socio Economic Status	Employed <input type="checkbox"/> Self Employed <input type="checkbox"/>
Cellphone No.	Alternative no.
Email Address	
Physical Address	
City/Town	
Province	Postal Code:

EMPLOYER INFORMATION

Employer Name	
Occupation	
Employer Address	
Telephone No.	

SECTION C

RELATIVE INFORMATION (RELATED TO PERSON SIGNING CONTRACT BUT NOT LIVING WITH THE PERSON)

Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Adv. <input type="checkbox"/> Dr <input type="checkbox"/> Prof. <input type="checkbox"/>
Full Names	
Surname	
Initials	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Cellphone No.	Alternative no.
Email Address	

SECTION D

COURSES (SKILL PROGRAMMES)

OFFICE/PRODUCTIVITY COURSES		COURSE DURATION	DAY CLASSES	VIRTUAL CLASSES
OAS	Office Application Specialist	4 Months	<input type="checkbox"/>	<input type="checkbox"/>
		6 Months	<input type="checkbox"/>	<input type="checkbox"/>
PM	Project Management	6 Months	<input type="checkbox"/>	<input type="checkbox"/>
BM	Business Management	24 Months	<input type="checkbox"/>	<input type="checkbox"/>
		36 Months	<input type="checkbox"/>	<input type="checkbox"/>
JBK	Junior Bookkeeping	24 Months	<input type="checkbox"/>	<input type="checkbox"/>
		36 Months	<input type="checkbox"/>	<input type="checkbox"/>
EU	National Certificate: Information Technology: End User Computing (SAQA: 61591)	12 Months	<input type="checkbox"/>	<input type="checkbox"/>
ICB	Higher Certificate: Office Administration	24 Months	<input type="checkbox"/>	<input type="checkbox"/>
ICB	Diploma: Office Administration	36 Months	<input type="checkbox"/>	<input type="checkbox"/>
IT TECHNICAL COURSES				
PCT	Computer Technician	6 Months	<input type="checkbox"/>	<input type="checkbox"/>
SA	Systems Administration	12 Months	<input type="checkbox"/>	<input type="checkbox"/>
NE	Network Technician	6 Months	<input type="checkbox"/>	<input type="checkbox"/>
ISS	Cyber Security Specialist	6 Months	<input type="checkbox"/>	<input type="checkbox"/>
SS	National Certificate: Information Technology: Systems Support (SAQA: 48573)	12 Months	<input type="checkbox"/>	<input type="checkbox"/>
IT DESIGN AND DEVELOPMENT				
GD	Graphic Design	3 Months	<input type="checkbox"/>	<input type="checkbox"/>
DDA	Database Design and Administration	12 Months	<input type="checkbox"/>	<input type="checkbox"/>
SD	National Certificate: Information Technology: Systems Development (SAQA:48872)	12 Months	<input type="checkbox"/>	<input type="checkbox"/>

I, _____, ID/Passport Number : _____ hereby acknowledge:

- The registration fee is non-refundable
- Plagiarism Declaration: I, the undersigned, herewith declare that I understand the concept of Plagiarism, and that I will not make myself guilty of Plagiarism of any form and that all my work will be my own. I will not hand my work to another student to copy. If I use other resources, I will use the correct format as reference.

 Learner Signature

 Date