



## REGISTRATION OF A LEARNER ON A SKILLS PROGRAMME

<p><b>WHAT IS THE PURPOSE OF THIS FORM</b></p> <p>To enrol a learner on a skills programme.</p> <p><b>WHO SHOULD COMPLETE THIS FORM</b></p> <p>For skills programmes quality assured by SASSETA, all learners must register. In the case of skills programmes quality assured by other ETQA's, only learners employed by SASSETA registered employers should register.</p> <p><b>WHERE SHOULD THIS FORM GO</b></p> <p>SASSETA Central Registry Riverview Office Park Janadel Avenue (Off Bekker Road) Halfway Gardens P O Box 7612 Halfway House Midrand 1685</p> <p><b>FURTHER INSTRUCTIONS</b></p> <p>1. This form should be completed in full using black ink.</p> <p>2. A certified copy of the applicant's ID must be attached to this application. Copies of certified copies or faxed copies are not acceptable.</p>	<b>SECTION 1 - LEARNER/PERSONAL INFORMATION<sup>1</sup></b>													
	Title:		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other - (Specify):											
	First Names:													
	Middle Name(s):													
	Surname:										Employed:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Identity No:										Type of ID:		<input type="checkbox"/> RSA <input type="checkbox"/> Non-RSA	
	Nationality:													
	<input type="checkbox"/> RSA <input type="checkbox"/> Other   (Specify):													
	<i>If OTHER, attach certified copies of documents indicating your status e.g. Permanent residence, Study permit, etc.</i>													
	Date of birth:								(ccyy/mm/dd)		Age:			
	Gender:													
	<input type="checkbox"/> Male <input type="checkbox"/> Female													
	Population Group													
	<input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other (Specify):													
	Do you have a disability <sup>2</sup> , as contemplated in the Employment Equity Act 55 of 1998 <sup>2</sup> ?										<input type="checkbox"/> No <input type="checkbox"/> Yes (Specify):			
	<b>LEARNER CONTACT DETAILS: (You <u>must</u> provide at least one phone number where you can be reached. Both physical AND postal addresses MUST be completed.)</b>													
	Tel No (H):						Tel No (W):							
	Mobile No:						Fax No:							
	E-mail:													
	Postal Address:													
										Code:				
Residential Address:														
Rural/Urban Area?										Code:				
Local/District Municipality:														
Province:														
<input type="checkbox"/> Eastern Cape <input type="checkbox"/> Free State <input type="checkbox"/> Gauteng <input type="checkbox"/> KwaZulu-Natal <input type="checkbox"/> Limpopo <input type="checkbox"/> Mpumalanga <input type="checkbox"/> Northern Cape <input type="checkbox"/> North West <input type="checkbox"/> Western Cape														
<b>LEARNER GENERAL DETAILS:</b>														
Highest School Qualification:														
Highest Qualification:														
Home Language:														
<b>SECTION 2 - SKILLS DEVELOPMENT PROVIDER: (MUST be completed)</b>														
Provider's Registered Name:														
SASSETA Accreditation Number:														
Other ETQA Accreditation Number: (if applicable)								Private/Public Provider?						
<b>CONTACT PERSON:</b>														
Title:		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other - (Specify):												
Surname:						Name/s:								
Tel No:						Fax No:								
E-mail:								Contact ID No.:						

<sup>1</sup> Please note that the information requested above is required for statistical and reporting purposes.

<sup>2</sup>The Employment Equity Act, 55 of 1998, defines a *disability* as a long-term or recurring physical or mental impairment, which substantially limits prospects of entry into, or advancement in, employment.

**SECTION 3 - SKILLS PROGRAMME DETAILS**

(NOTE: A Skills Programme is defined as “a predefined grouping of Unit Standards that form part of a NQF registered Qualification”).

Skills Programme Title:				SASSETA ID:	
Qualification as per OFO		NQF Level		OFO Code	
Unit Standard		Credit value:		SAQA ID:	
Unit Standard		Credit value:		SAQA ID:	
Unit Standard		Credit value:		SAQA ID:	
Unit Standard		Credit value:		SAQA ID:	
Unit Standard		Credit value:		SAQA ID:	
Unit Standard		Credit value:		SAQA ID:	
Unit Standard		Credit value:		SAQA ID:	
Unit Standard		Credit value:		SAQA ID:	
Unit Standard		Credit value:		SAQA ID:	
Unit Standard		Credit value:		SAQA ID:	
		<b>Total Credits:</b>			
Learner Enrolment Date:					
Programme Start Date:					
Is the programme SETA/Industry funded?		Amount per learner			

**SECTION 4 - EMPLOYER DETAILS**

*(This Section MUST be completed for employed learners)*

Name of the Employer:										
Employer SDL Number:	L			0	7					
Business Address:										
									Code:	
Postal Address:										
									Code:	
<b>CONTACT PERSON:</b>										
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other – (Specify):									
Surname:					Name/s:					
Tel No:					Fax No:					
E-mail:							Contact ID No			

**SECTION 5 - DECLARATION BY APPLICANT (MUST be completed)**

I, \_\_\_\_\_ (full names), declare, to the best of my knowledge, that all the information provided is complete and correct. Signed at \_\_\_\_\_ on this, the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant Learner