

SUBMISSION OF LEARNER ACHIEVEMENT INFORMATION



INSTRUCTIONS

1. This form should be completed in full using **BLACK** ink. **PRINT** please.
2. Incomplete or illegible applications will not be processed.
3. A **CERTIFIED COPY** of the applicant's **IDENTITY DOCUMENT** MUST be attached to this application. COPIES OF CERTIFIED COPIES OR FAXED COPIES WILL NOT BE ACCEPTED.

SUBMISSIONS

Postage

Hand Deliveries

SASSETA: FIREARMS UNIT
P O BOX 7612
HALFWAY HOUSE
1685

THE SASSETA
LEVEL 3 GALLAGHER HOUSE
GALLAGHER CONVENTION CENTRE
19 RICHARDS DRIVE
MIDRAND

SECTION 1 – SKILLS DEVELOPMENT PROVIDER DETAILS											
Name of Provider:						Name as it appears on SASSETA Records					
ETQA Accreditation Number:						Only the 12-digit SASSETA Accreditation Number or 20-digit SAQA Code is accepted					
* If the Assessment was done at a different Provider than the Skills Development Provider.											
* Name of Assessment Centre:						Name as it appears on SASSETA Records					
* ETQA Accreditation Number:						Only the 12-digit SASSETA Accreditation Number or 20-digit SAQA Code is accepted					
SECTION 2 – LEARNER INFORMATION											
Student Number:						Provide the Student Number assigned by the Provider and/or Assessment Centre					
Title:		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other – Specify:				These details must correspond with the details provided on enrolment.					
Names:											
Surname:											
Type of ID:		<input type="checkbox"/> RSA		ID No:						Provide either the RSA ID or an alternative ID. Restrictions on acceptable ID may apply – please ensure compliance to avoid rejection of records.	
Alternative ID:		<input type="checkbox"/> Temporary ID <input type="checkbox"/> Student No		<input type="checkbox"/> Drivers Licence <input type="checkbox"/> SAQA ID		Alternate ID					
SECTION 3 – ASSESSMENT DETAILS											
Unit Standard/Course Title:						SAQA/SASSETA ID:					
Assessment Date:						(ccyy/mm/dd)					
Assessment Type:		<input type="checkbox"/> Normal <input type="checkbox"/> RPL									
Result:		<input type="checkbox"/> Competent				<input type="checkbox"/> Not yet competent					
Assessor Registration No:						Name of Assessor:					
I declare that I personally assessed the learner and found him/her competent in accordance with the assessment criteria laid down for the unit standard/course. Signed at ----- on this, the ----- day of ----- 20-----.						PROVIDER DATE STAMP					
ASSESSOR											
WHERE THE ASSESSMENT WAS MODERATED – 10% of all assessment results submitted must be moderated.											
Moderation Date:						(ccyy/mm/dd)					
Moderator Registration No:						Name of Moderator:					
I have inspected the assessment records and certify the authenticity and integrity of this assessment result. Signed at ----- on this, the ----- day of ----- 20-----.						MODERATOR DATE STAMP					
MODERATOR											