



**SASSETA
SKILLS DEVELOPMENT FACILITATOR
REGISTRATION FORM**

This form should be completed for each SDL-number of EVERY organisation with which the SDF is to be associated as SDF, regardless of whether there is more than one SDL-number for a company or not. SDF's are advised to ensure that they all have the relevant SDL numbers and to check that the organisations SDL-numbers are correctly registered with SASSETA (SETA 19) to avoid inconvenience at a later stage. Enquiries: Tel (011 087 5555)

Please return this form to:
SASSETA, P.O. BOX 7612, Halfway House, 1865. Email (wsp@sassetta.org.za)

Title:			
Surname:			
Name:			
National ID No:			
Tel No (w):		()	
Tel No (h):		()	
Fax No:		()	
Cell phone No:			
Physical Address:		Postal address:	
		Code:	
E-mail:			
Gender	Population Group	Disabled	Relationship with Employer
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Coloured <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Employee <input type="checkbox"/> Consultant
Current Job Title:			
Highest Level of Education:			
<input type="checkbox"/> NQF level 1 (Equivalent to Grade 9, OR STD 7) <input type="checkbox"/> NQF level 2 (Equivalent to Grade 10, OR STD 8) <input type="checkbox"/> NQF level 3 (Equivalent to Grade 11, OR STD 9) <input type="checkbox"/> NQF level 4 (Equivalent to Grade 12, OR STD 10)		<input type="checkbox"/> NQF level 5 (Diploma OR Occupational Certificate) <input type="checkbox"/> NQF level 6 (Higher Diploma OR First Degree) <input type="checkbox"/> NQF level 7 (Higher Degree OR Professional Qualification) <input type="checkbox"/> NQF level 8 (Doctorate OR Further Research Degree)	
Please specify your major field of study:			

Please indicate how you were appointed as SDF?		
Appointed by:		
Position:		
Date of Appointment as SDF:		
Have you received training for any of the following?	<input type="checkbox"/> Skills Development Facilitator <input type="checkbox"/> Assessor <input type="checkbox"/> Moderator If yes please attach a copy of the ETDP SETA Statement of Results	
Please complete the following for all organisations for which you will be the Skills Development Facilitator		
SDL Number	Registration Name of Organisation	SDF Capacity
L 0 7		<input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> O
Key: M-Managing SDF S- Subordinate SDF O-Only SDF		
AUTHORISATION		
Authorisation is to be completed by a duly authorised representative of the organisation.		
Appointment of SDF Authorised by:	Designation	
Name:		
Signature and Date:		