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| **LEARNER ENROLMENT FORM SKILLS PROGRAMME** | | | | | |
| 1. **COMPLETE IN BLACK PEN ONLY** 2. **ATTACH CERTIFICIED COPY OF ID** | | | | | |
| **LEARNER DETAILS** | | | | | |
| **FIRST NAME** |  | |  | | |
| **SURNAME** |  | |  | | |
| **ID NUMBER** |  | |  | | |
| **DATE OF BIRTH** |  | |  | | |
| **AGE** |  | |  | | |
| **CONTACT NUMBER (T)** |  | |  | | |
| **CELL NUMBER** |  | |  | | |
| **E-MAIL ADDRESS** |  | |  | | |
| **EQUITY**  ***(BLACK, WHITE, COLOURED, INDIAN, OTHER)*** | **B** | **W** | **C** | **I** | **O** |
|  |  |  |  |  |
| **GENDER** | **MALE** | **FEMALE** |  | | |
|  |  |  | | |
| **DISABILITY (SPECIFY THE NATURE OF THE DISABILITY IF APPLICABLE)** |  | |  | | |

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| **CITIZEN STATUS** | | **SOUTH AFRICAN** | | | **OTHER** | | | | | | **DUAL(SA PLUS OTHER)** | |
|  | | |  | | | | | |  | |
| **LEARNER LOCAL/DISTRICT MUNICIPALITY** | |  | | | | | | | | | | |
| **SPECIFY LEARNER RESIDENTIAL AREA** | |  | | | | | | | | | | |
| **IS THE LEARNER RESIDENTIAL URBAN OR RURAL** | | **URBAN** | | | | | **RURAL** | | | | | |
|  | | | | |  | | | | | |
| **PROVINCE**  **( WHERE THE LEARNER IS FROM)** | | **GAUTENG** | | **WESTERN CAPE** | | | **KWA-ZULU NATAL** | | | **MPUMALANGA** | | **FREE STATE** |
|  | |  | | |  | | |  | |  |
| **NORTH WEST** | | **LIMPOPO**  **/NORTHERN PROVINCE** | | | **EASTERN CAPE** | | | **NORTHERN CAPE** | |  |
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|  | | | | | | | | | | | | |
| **Physical Address** | | | | | | **POSTAL ADDRESS** | | | | | | |
| **Line 1** |  | | | | | **Line 1** | | |  | | | |
| **Line 2** |  | | | | | **Line 2** | | |  | | | |
| **Line 3** |  | | | | | **Line 3** | | |  | | | |
| **Postal Code** |  | | | | | **Postal Code** | | |  | | | |
| **COMMENCEMENT DATE** | | | **TERMINATION DATE** | | | | | | | | | |
| **ddmmyy (in full e.g. 23 October 20..)** | | | **ddmmyy (in full e.g. 23 October 20..)** | | | | | | | | | |
| **HIGHEST LEVEL QUALIFICATION (EG.GRADE 10 ,11,12)** | | | **OTHER QUALIFICATION/S** | | | | | | | | | |
|  | | |  | | | | | | | | | |
| **SAQA QUALIFICATION TITLE** | | | | | | | | **NQF LEVEL** | | | | |
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| **OFO CODE AS PER VERSION 2012** | | | | | | | | | | | | |
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| **UNIT STANDARD TITLE** | **NQF** | **CREDITS** |
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| **EMPLOYER DETAILS** | | | | | | | |
| **NAME OF EMPLOYER** | | |  |  | |  | |
| **TRADING NAME (*IF APPLICABLE)*** | | |  |  | |  | |
| **SKILLS DEVELOPMENT LEVY NUMBER (SDL)** | | |  |  | |  | |
| **IS THE EMPLOYER** | | | **STATE OWNED ENTERPRISE** | | **PUBLIC SERVICE** | | **NEITHER** |
|  |  |  |  |  |
| **PHYSICAL ADRESS** |  |  |  | **POSTAL ADRESS** | |  | |
| **LINE 1** |  |  |  | **LINE 1** | |  | |
| **LINE 2** |  |  |  | **LINE 2** | |  | |
| **LINE 3** |  |  |  | **LINE 3** | |  | |
| **POSTAL CODE** |  |  |  | **POSTAL CODE** | |  | |
| **CONTACT PERSON** | | | | | | | |
| **NAME** | |  |  | **SURNAME** | |  | |
| **DESIGNATION** | |  |  |  | |  | |
| **TEL NUMBER(W)** | |  |  |  | |  | |
| **CELL NUMBER** | |  |  |  | |  | |
| **E-MAIL ADDRESS** | |  |  |  | |  | |
| **ALTERNATE CONTACT PERSON** | | | | | | | |
| **NAME** | |  |  | **SURNAME** | |  | |
| **DESIGNATION** | |  |  |  | |  | |
| **TEL NUMBER(W)** | |  |  |  | |  | |
| **CELL NUMBER** | |  |  |  | |  | |

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| **E-MAIL ADDRESS** | | |  |  | |  | |  | | | |  |  |  |
| **SUBSECTOR (PLEASE TICK BELOW - X)** | | | | | | | | | | | | | | |
| **LABOUR RECRUITMENT SERVICES** | |  |  | **COLLECTIVE SERVICES** | |  | | **DOMESTIC SERVICES** | | | |  | **CLEANING SERVICES** |  |
| **PROJECT MANAGEMENT** | |  |  | **BEAUTY TREATMENT** | |  | | **HAIR CARE** | | | |  | **FASHION** |  |
| **HIRING SERVICES** | |  |  | **COLLECTIVE SERVICES** | |  | | **CONTACT CENTRES** | | | |  | **POSTAL SERVICES** |  |
| **REAL ESTATE SERVICES** | |  |  | **BUSINESS SERVICES** | |  | | **BEAUTY TREATMENT** | | | |  | **FUNERAL SERVICES** |  |
| **OTHER** | |  |  |  | |  | |  | | | |  |  |  |
|  | | | | | | | | | | | | | | |
| **DETAILS OF SKILLS DEVELOPMENT PROVIDER (TRAINING PROVIDER)** | | | | | | | | | | | | | | |
| **NAME OF ACCREDITED TRAINING PROVIDER** | | | | | | |  | | | | | | | |
| **ACCREDITATION NUMBER OF TRAINING PROVIDER** | | | | | | |  | | | | | | | |
| **PRIVATE** | | | | | | |  | | **PUBLIC** | | | | | |
|  | | | | | | | | |  | | | | | |
| **FET** | | | | | | | | | **HET** | | | | | |
|  | | | | | | | | |  | | | | | |
| **CONTACT PERSON** | | | | | | | | | | | | | | |
| **NAME** |  | | |  |  | | | | | **SURNAME** |  | | | |
| **TEL NUMBER(W)** | | | |  |  | | | | |  |  | | | |
| **CELL NUMBER** | | | |  |  | | | | |  |  | | | |
| **E-MAIL ADDRESS** | | | |  |  | | | | |  |  | | | |
| **NAME AND SURNAME OF LEARNER** | | | | |  | | | | |  |  | | | |

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| **SIGNATURE OF LEARNER** |  |
| **DATE** |  |
|  | |
| **NAME AND SURNAME OF PARENT / GUARDIAN ( APPLICABLE IF THE LEANRNER IS A MINOR)** |  |
| **SIGNATURE OF PARENT / GUARDIAN ( APPLICABLE IF THE LEANRNER IS A MINOR)** |  |
| **DATE** |  |
|  | |
| **NAME OF EMPLOYER** |  |
| **SIGNATURE OF EMPLOYER** |  |
| **DATE** |  |
|  | |
| **NAME OF TRAINING PROVIDER** |  |
| **SIGNATURE OF TRAINING PROVIDER** |  |
| **DATE** |  |