

|  |
| --- |
| **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)** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |
|  |  |  |  |  |
|  |
| **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** |
|  |  |
| **OFO CODE AS PER VERSION 2012** |
|  |

|  |  |  |
| --- | --- | --- |
| **UNIT STANDARD TITLE** | **NQF** | **CREDITS** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **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** |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |  |  |  |

|  |  |
| --- | --- |
| **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** |  |