

LEARNER REGISTRATION FORM (SKILLS PROGRAMMES)

(Attach an originally certified copy of ID document)

LEARNER DETAILS												
TITLE	FIRST NAMES				SURNAME							
I.D. No					ARE YOU A SOUTH AFRICAN CITIZEN?		Y	N	CITIZENSHIP			
DATE OF BIRTH	YYYY / MM / DD			GENDER			MALE		FEMALE			
RACE												
AFRICAN		COLOURED			INDIAN		WHITE		OTHER			
DISABILITY		Y	N	SPECIFY								
DO YOU LIVE IN A RURAL OR URBAN AREA?					URBAN			RURAL				
HOME ADDRESS						POSTAL ADDRESS						
CITY						CITY						
POST CODE				COUNTRY				POST CODE				
PROVINCE				MUNICIPALITY								
E-MAIL					PHONE		CODE	NUMBER		CELL		
HIGHEST LEVEL QUALIFICATION												
TITLE OF HIGHEST QUALIFICATION												
LAST SCHOOL ATTENDED												

LEARNING PROGRAMME DETAILS											
NAME OF SKILLS PROGRAMME REGISTERED FOR											
REGISTRATION CODE OF SKILLS PROGRAMME REGISTERED FOR											
TITLES AND UNIT STANDARD(S) CODES (RELEVANT IN CASE OF UNIT STANDARD REGISTRATIONS ONLY)											
SAQA UNIT STANDARD TITLE						SAQA UNIT STANDARD CODE					
START DATE OF TRAINING											
END DATE OF TRAINING											
LEARNER EMPLOYMENT DETAILS											
LEGAL NAME OF EMPLOYER											
EMPLOYER WORKPLACE											
SDL NUMBER											
NAME OF SETA REGISTERED AT											
CONTACT PERSON								TELEPHONE NUMBER			

LEARNER'S CURRENT JOB TITLE			
WERE YOU EMPLOYED BY YOUR EMPLOYER BEFORE CONCLUDING THIS FORM?	EMPLOYED		
IF YOU WERE UNEMPLOYED BEFORE CONCLUDING THIS FORM , STATE HOW LONG			

LEAD TRAINING PROVIDER DETAILS

LEGAL NAME OF PROVIDER							
TRADING NAME OF PROVIDER							
TRAINING PROVIDER SITE							
SDL NUMBER							
NAME OF SETA REGISTERED AT							
SIC CODE THAT APPLIES							
GPS COORDINATES							
CONTACT PERSON				TELEPHONE NUMBER			
ACCREDITATION NUMBER				REVIEW DATE			
PHYSICAL ADDRESS				POSTAL ADDRESS			
CITY				CITY			
POST CODE		COUNTRY		POST CODE		COUNTRY	
PROVINCE		MAG. DISTRICT					
E-MAIL			PHONE		CELL		

PARENT OR GUARDIAN DETAIL (TO BE COMPLETED IF LEARNER IS A MINOR – I.E. AN UNMARRIED PERSON UNDER 21 YEARS)

TITLE		FIRST NAMES				SURNAME		
I.D. No								
HOME ADDRESS					POSTAL ADDRESS			
CITY					CITY			
POST CODE		COUNTRY		POST CODE		COUNTRY		
PROVINCE		MAG. DISTRICT						
E-MAIL				PHONE	CODE	NUMBER	CELL	

DECLARATIONS AND SIGNATURES

I hereby declare that the capturing of the abovementioned information is accurate.

5.3 SIGNATORIES:

Learner's (delegate) Signature

Date

Training Provider's Signature
 (Delete the word 'Lead' if not applicable)

Date

SKILLS PROGRAMME EVALUATION CHECKLIST

Name of learner:	ID Number:	
1.	Application correctly completed	
2.	Skills Programme Clearly Specified	
3.	Application signed by all parties (Training provider, learner)	
4.	Corrections initialled by all parties	
5.	No Tippex used	
6.	Applicant is SA citizen	
7.	Correct ID number and name and original certified copy attached	
8.	Commencement and completion date reflected on registration form	
9.	Physical address for both employer/training provider and learner completed	
10.	Attendance register	

I hereby confirm that all the details required for registration as stipulated above are attached.

SIGNATURE _____ **DATE** _____

FOR PSETA OFFICE USE

Registered at the office of the PSETA on the

_____ (Day) _____ (Month) _____ (Year)

LP MANAGER (NAME)

SIGNATURE

DATE