

Documentation



The following DOCUMENTS must be SUBMITTED in the ORDER STIPULATED BELOW:

Please ensure that you correctly paginate / reference the documents you have prepared for submission

Document Name	Detail description	# of Submissions
Identity Document	Certified Copy of ID	Two (2)
Passport	Certified Copy of Passport (if not SA Citizen)	Two (2)
Work Permit	Certified Copy of Permit (if not SA Citizen)	Two (2)
Grade 12 Certificate (If Applicable)	Certified Copy of Grade 12 Certificate	One (1)
Certificates of Competence (If Applicable)	Certified Copy of Certificates of Competence from Accredited Institutions (if applicable)	

Signature _____

1.1 Candidate Enrolment – NLRD Form

This form has been designed, according to SAQA specifications, to transmit basic information about Candidates, independent of enrolment, qualifications or completion data. Providers are urged to supply this information by completing the form below and then submit to the ETQA.

PERSONAL DETAILS										
Last Name <small>To be used on certificate</small>										
First Name <small>To be used on certificate</small>										
Middle Names <small>To be used on certificate</small>										
Title		<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> _		
Date of Birth		Gender <small>Select appropriate Box</small>			<input type="checkbox"/> M Male		<input type="checkbox"/> F Female			
Previous Last Name <small>Maiden name if now married</small>										
ID Type Attached hereto		<input type="checkbox"/> 1 National Id	<input type="checkbox"/> 527 Passport No	<input type="checkbox"/> 529 Driver's	<input type="checkbox"/> 531 - Temporary ID	<input type="checkbox"/> 539 - Employee #				
ID Number <small>Your South African 13 digit ID No</small>										
		For verification purposes, please submit a certified copy of your ID book								
Alternative ID Number		If you do not have a South African ID No								
Equity Code		<input type="checkbox"/> BA African	<input type="checkbox"/> BI Indian	<input type="checkbox"/> BC Coloured	<input type="checkbox"/> B Chinese	<input type="checkbox"/> WH White	<input type="checkbox"/> U Unspecified			
Citizen Resident Status		<input type="checkbox"/> SA South African		<input type="checkbox"/> PR Permanent Resident		<input type="checkbox"/> D Dual SA +		<input type="checkbox"/> O Other		
Socio-economic Status		<input type="checkbox"/> 01 - Employed				<input type="checkbox"/> 02 - Unemployed				
Nationality Please select appropriate Box		<input type="checkbox"/> SA S-African	<input type="checkbox"/> MAL Malawi	<input type="checkbox"/> SWA Swaziland	<input type="checkbox"/> ZAM Zambia	<input type="checkbox"/> ANG Angola	<input type="checkbox"/> LES Lesotho			
		<input type="checkbox"/> SDC SADC	<input type="checkbox"/> MAU Mauritius	<input type="checkbox"/> TAN Tanzania	<input type="checkbox"/> ZAI Zaire	<input type="checkbox"/> NAM Namibia	<input type="checkbox"/> BOT Botswana			
		<input type="checkbox"/> MOZ Mozambique	<input type="checkbox"/> SEY Seychelles	<input type="checkbox"/> ZIM Zimbabwe						
Home Language <small>Please select appropriate Box</small>		<input type="checkbox"/> ENG English	<input type="checkbox"/> AFR Afrikaans	<input type="checkbox"/> SWA siSwati	<input type="checkbox"/> ZUL isiZulu	<input type="checkbox"/> SES seSotho	<input type="checkbox"/> XHO isiXhosa	<input type="checkbox"/> SET seTswana		
		<input type="checkbox"/> SEP sePedi-NSotho	<input type="checkbox"/> TSH tshiVenda	<input type="checkbox"/> NDE siNdebele	<input type="checkbox"/> XIT xiTsonga	<input type="checkbox"/> U Unknown	<input type="checkbox"/> Other			
Home Address										
								Post Code		
Contact Details		Tel Home:			Tel Work:			Email		
Province		<input type="checkbox"/> 1 WC	<input type="checkbox"/> 2 EC	<input type="checkbox"/> 3 NC	<input type="checkbox"/> 4 FS	<input type="checkbox"/> 5 KZN	<input type="checkbox"/> 6 NW	<input type="checkbox"/> 7 GAU	<input type="checkbox"/> 8 MP	<input type="checkbox"/> 9 LP

Signature _____

Disability Status	<input type="checkbox"/> 00 N - None		<input type="checkbox"/> 01 Sight (blind / partially blind even with glasses)			
	<input type="checkbox"/> 02 Hearing (Deaf / partially deaf even with hearing aid)		<input type="checkbox"/> 03 Communication - Talking, listening			
	<input type="checkbox"/> 04 Physical (moving / standing / grasping)		<input type="checkbox"/> 05 Intellectual (Learning difficulties; retardation)			
	<input type="checkbox"/> 06 Emotional (Behavioural / psychological)		<input type="checkbox"/> 07 Multiple disabilities			
	<input type="checkbox"/> 09 Disabled but unspecified		<input type="checkbox"/> U Unknown disability status			
Highest School Qualification	<input type="checkbox"/> Grade 8		<input type="checkbox"/> Grade 9		<input type="checkbox"/> Grade 10	
	<input type="checkbox"/> Grade 11		<input type="checkbox"/> Grade 12		<input type="checkbox"/> Unknown	
Highest Qualification Achieved	<input type="checkbox"/> 2 - National Cert.		<input type="checkbox"/> - National Diploma		<input type="checkbox"/> 4 - Degree	
	<input type="checkbox"/> 503 - Doctorate		<input type="checkbox"/> 505 - Masters		<input type="checkbox"/> Other _____	

EMPLOYMENT DETAILS									
Organisation Registered Name									
Department / Division									
Occupation	<input type="checkbox"/> 0 - Armed Forces		<input type="checkbox"/> 1 Legislators, Senior Officials And Managers		<input type="checkbox"/> 2 Professionals				
	<input type="checkbox"/> 3 Technicians And Associate Professionals		<input type="checkbox"/> 4 Clerks		<input type="checkbox"/> 5 Service Workers And Shop And Market Sales Workers				
	<input type="checkbox"/> 6 Skilled Agricultural And Fishery Workers		<input type="checkbox"/> 7 Craft And Related Trades Workers		<input type="checkbox"/> 8 Plant And Machine Operators And Assemblers				
	<input type="checkbox"/> 9 -Elementary Occupations				<input type="checkbox"/> 10 - Occupation Unspecified NEC				
Organisation Physical Address							Post Code		
Province	<input type="checkbox"/> 1 WC	<input type="checkbox"/> 2 EC	<input type="checkbox"/> 3 NC	<input type="checkbox"/> 4 FS	<input type="checkbox"/> 5 KZN	<input type="checkbox"/> 6 NW	<input type="checkbox"/> 7 GAU	<input type="checkbox"/> 8 MP	<input type="checkbox"/> 9 LP

Please sign this form to validate that all information is correct

<p>PLEASE NOTE: Complete this form as proof that the work and evidence is your own. This document MUST BE SIGNED</p>
--

Signature _____

Payment Option and Agreement:

Distance learning – RPL – no formal classroom

*Once-off settlement of: R4 500,00 (Non vat registered)

Or

*R1 500,00 deposit and balance of R3 000,00 payable in instalments. Final payment to be made when submitting the POE.

*Delete which is not applicable

Should the learner terminate the course after enrolment and receipt of training material no funds will be reimbursed.

THUS DONE AND SIGNED by the LEARNER at _____ ON THIS
_____ DAY OF _____ 20____

AS WITNESSES:

1. _____

2. _____

LEARNER

Signature _____