

<p>WHAT IS THE PURPOSE OF THIS FORM</p> <p>To enroll a learner on a Qualification programme.</p> <p>WHO SHOULD COMPLETE THIS FORM</p> <p>For Qualification Programme, quality assured by SASSETA, all learners must register. In the case of qualification programmes quality assured by other ETQA's, only learners placed by SASSETA registered employers should register.</p> <p>WHERE SHOULD THIS FORM GO</p> <p>SASSETA Central Registry Riverview Office Park Janadel Avenue (Off Bekker Road) Halfway Gardens P O Box 7612 Halfway House Midrand 1685</p> <p>FURTHER INSTRUCTIONS:</p> <p>1. This form should be completed in full using black ink.</p> <p>2. The form should be submitted within 30 days of the start of the programme.</p> <p>3. A certified copy of the applicant's ID must be attached to this application. Copies of certified copies or faxed copies are not acceptable. No later the 3 months.</p> <p>4. No correction pen/ tape (tipex) is to be used to make corrections on this form. To make alterations please neatly delete and have all parties initial each page.</p> <p>5. Note: All forms failing to meet the necessary requirements will not be accepted and the learner will not be registered.</p>	SECTION 1-LEARNER /PERSONAL INFORMATION																										
	Title:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other (Specify): <input type="checkbox"/>																									
	FIRST NAME :																										
	MIDDLE NAME(S):																										
	SURNAME :										EMPLOYED:	Yes <input type="checkbox"/>	No <input type="checkbox"/>														
	IDENTITY NO.										Type of ID:	RSA	Non-RSA														
	NATIONALITY:	RSA: <input type="checkbox"/>			Other(specify) <input type="checkbox"/>																						
	CITIZEN RESIDENCE STATUS:	Dual SA			Permanent			SA																			
	DATE OF BIRTH:											AGE:															
	GENDER:	Male <input type="checkbox"/>			Female <input type="checkbox"/>																						
	POPULATION GROUP:	African <input type="checkbox"/>		Colored <input type="checkbox"/>		Indian <input type="checkbox"/>		White <input type="checkbox"/>																			
	Do you have a disability as contemplated in the Employment Equity Act 55 of 1998?						No <input type="checkbox"/>						Yes (specify) <input type="checkbox"/>														
	If yes to the above please specify.																										
	LEARNER CONTACT DETAILS: (You MUST provide at least one phone number where you can be reached. Both Physical and postal address MUST be completed.																										
	Tel No.(H)								Tel No(W):																		
MOBILE NUMBER:						Fax No.:																					
EMAIL:																											
POSTAL ADDRESS:																											
										Code:																	
RESIDENTIAL ADDRESS:																											
										Code:																	
Local/District Municipality:																											
PROVINCE:																											
Eastern Cape <input type="checkbox"/>			Free State <input type="checkbox"/>			Northern Cape <input type="checkbox"/>			Western Cape <input type="checkbox"/>			Mpumalanga <input type="checkbox"/>			Gauteng <input type="checkbox"/>			KwaZulu-Natal <input type="checkbox"/>			Limpopo <input type="checkbox"/>			North West			
LEARNER GENERAL DETAILS:																											
Highest School Qualification:																											
Name of High School attended:																											
Last School year:																											
Home language:																											
SECTION 2: SKILLS DEVELOPMENT PROVIDER :(MUST BE COMPLETED)																											
Provider's Registered Name:				NZOTHO SCHOOL OF POLICING (PTY) LTD																							
SASSETA Accreditation Number:				19-		S		A		S		/A		CC		/1		2		2		4		8		3	
Other ETQA Accreditation NUMBER: (If Applicable)														Private /Public Provider?													
CONTACT PERSON:																											
TITLE:				MRS																							
SURNAME:				DUTJA						NAME:				LETHABO													
TELEPHONE				015 291 3931						E-Mail:				Hjn.polokwane@gmail.com													

SECTION 3: QUALIFICATION (Please indicate Qualification and list the chosen Elective unit standards)(NOTE: The learner must enrol for the minimum number of credits specified in the registered Qualification).

Skills Programme Title:	National Certificate: Paralegal Practice			SASSETA ID :	49597
Qualification as per adjacent OFO	National Certificate Paralegal Practice	NQF Level	05	OFO Code	
Elective Unit Standard	Negotiate an agreement or deal in an authentic work situation	Credit value:	5	SAQA ID:	13948
Elective Unit Standard	Perform financial planning and control functions for a small business	Credit value:	6	SAQA ID:	114738
Elective Unit Standard	Demonstrate insight into democracy as a form of governance and its implications for a diverse society	Credit value:	5	SAQA ID:	15093
Elective Unit Standard		Credit value:		SAQA ID:	
Elective Unit Standard		Credit value:		SAQA ID:	
Elective Unit Standard		Credit value:		SAQA ID:	
Elective Unit Standard		Credit value:		SAQA ID:	
Elective Unit Standard		Credit value:		SAQA ID:	
Elective Unit Standard		Credit value:		SAQA ID:	
Elective Unit Standard		Credit value:		SAQA ID:	
		Total Credits	132		
Learner Enrolment date:					
Programme Start date:					
Is the programme SETA/Industry funded?		Amount Per learner			

SECTION 4:EMPLOYER DETAILS: (MUST BE COMPLETED FOR EMPLOYED LEARNERS)

Name of the Employer :											
Employer SDL Number:	L				0		7				
Business Address:								Code:			
Physical Address:								Code:			
CONTACT PERSON:											
Title:	Mr.:	<input type="checkbox"/>	Mrs.:	<input type="checkbox"/>	Ms.:	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>			
Surname:								Name/s:			
Tel No:								Fax No:			
E-Mail:								Contact ID No:			

SECTION 5-DECLARATION FOR EMPLOYED LEARNERS ONLY

I hereby declare that I am currently employed by _____ (name of employer) as a _____ (Designation) for a period of _____ years/Months.

SECTION 6 - DECLARATION BY APPLICANT (MUST be completed)

I, _____ (full names), declare, to the best of my knowledge, that all the information provided is complete and correct and further declare that I am not currently a beneficiary of any other grant from any SETA, including SASSETA and am not currently registered on any other learning programme.

Signed at _____ on this, the ____ day of _____ 20_____.

Applicant Learner _____