

<p><b>WHAT IS THE PURPOSE OF THIS FORM</b></p> <p>To enroll a learner on a Qualification programme.</p> <p><b>WHO SHOULD COMPLETE THIS FORM</b></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><b>WHERE SHOULD THIS FORM GO</b></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><b>FURTHER INSTRUCTIONS:</b></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>	<b>SECTION1-LEARNER /PERSONAL INFORMATION</b>																									
	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.																									
	<b>LEARNER CONTACT DETAILS: (You MUST provide at least one phone number where you can be reached. Both Physical and postal address MUST be completed.</b>																									
	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 <input type="checkbox"/>		
<b>LEARNER GENERAL DETAILS:</b>																										
Highest School Qualification:																										
Name of High School attended:																										
Last School year:																										
Home language:																										
<b>SECTION 2: SKILLS DEVELOPMENT PROVIDER :( MUST BE COMPLETED)</b>																										
Provider's Registered Name:																										
SASSETA Accreditation Number:																										
Other ETQA Accreditation NUMBER: (If Applicable)																										
										Private /Public Provider?																
<b>CONTACT PERSON:</b>																										
TITLE:																										
SURNAME:						NAME:																				
TELEPHONE						E-Mail:																				

I Agree/Disagree that the above be used for statistical and reporting purpose on the date...../...../.....  
The Employment Act, 55 1998, defines a *disability* as a long-term or recurring physical or mental impairment, which substantially limits prospects of the entry into, or advancement in employment.

**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:	<b>National Certificate: Tactical Road Traffic Operations</b>	SASSETA ID :	<b>80046</b>
Qualification as per adjacent OFO		NQF Level	<b>5</b>
Elective Unit Standard	<b>Demonstrate an understanding of stress in order to apply the strategies to achieve optimal stress levels in personal and work situations.</b>	Credit value:	<b>5</b>
Elective Unit Standard	<b>Create, maintain and update record keeping systems.</b>	Credit value:	<b>5</b>
Elective Unit Standard	<b>Demonstrate an understanding of the role and functions of a Peace Officer and a Traffic Warden.</b>	Credit value:	<b>8</b>
Elective Unit Standard	<b>Control Traffic</b>	Credit value:	<b>11</b>
Elective Unit Standard	<b>Attend to and manage a collision scene.</b>	Credit value:	<b>12</b>
Elective Unit Standard		Credit value:	
Elective Unit Standard		Credit value:	
Elective Unit Standard		Credit value:	
Elective Unit Standard		Credit value:	
		Total Credits	<b>46</b>
Learner Enrolment date:			
Programme Start date:			
Is the programme SETA/Industry funded?	<b>No – It is self-funded</b>	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 \_\_\_\_\_