

<b>WHAT IS THE PURPOSE OF THIS FORM</b>  To enroll a learner on a Skills programme.	<b>SECTION 1-LEARNER /PERSONAL INFORMATION</b>																									
	Title:		Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other (Specify): <input type="checkbox"/>																							
<b>WHO SHOULD COMPLETE THIS FORM</b>  For skills programmes quality assured by SASSETA, all learners must register. In the case of skills programmes quality assured by other ETQA's, only learners placed by SASSETA registered employers should register.	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 <input type="checkbox"/>																	
If yes to the above please specify:																										
<b>WHERE SHOULD THIS FORM GO</b>  SASSETA Central Registry Riverview Office Park Janadel Avenue (Off Bekker Road) Halfway Gardens P O Box 7612 Halfway House Midrand 1685	<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>FURTHER INSTRUCTIONS:</b>  1. This form should be completed in full using black ink.  2. The form should be submitted within 30 days of the start of the programme.  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.  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.  5. All forms failing to meet the necessary requirements will not be accepted and the learner will not be registered.	<b>SECTION 2: SKILLS DEVELOPMENT PROVIDER :( MUST BE COMPLETED)</b>																									
	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)		NONE								Private /Public Provider?				PRIVATE											
	<b>CONTACT PERSON:</b>																									
	TITLE:		MRS																							
	SURNAME:		DUTJA				NAME:		LETHABO																	
	TELEPHONE		015-291-3931				E-Mail:		Hjn.polokwane@gmail.com																	

SECTION 3: A Skills Programme is defined as “ a predefined grouping of Unit Standards that form part of a NQF Registered Qualification”)						
Skills Programme Title:	<b>Various unit standards</b>				SASSETA ID	
Qualification as per adjacent OFO		NQF Level		OFO Code		
Unit Standard	Explain the requirements of becoming a security service provider	Credit value:	4	SAQA ID:	246694	
Unit Standard	Conduct preliminary investigations	Credit value:	6	SAQA ID:	120483	
Unit Standard	Conduct an investigative interviews	Credit value:	4	SAQA ID:	253982	
Unit Standard	Demonstrate understanding of the principals of common law crimes and statutory offences	Credit value:	12	SAQA ID:	120484	
Unit Standard	Demonstrate understanding of criminal justice system	Credit value:	9	SAQA ID:	120489	
Unit Standard	Write security reports and statements	Credit value:	10	SAQA ID:	11508	
Unit Standard	Compile and administer a case docket for investigation purpose	Credit value:	6	SAQA ID:	11983	
Unit Standard	Gave evidence in court	Credit value:	4	SAQA ID:	244182	
Unit Standard	Apply the principals of ethics to a business environment	Credit value:	10	SAQA ID:	230078	
		Total Credits	65			
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 \_\_\_\_\_