LEARNERSHIP SUPPORT SYSTEMS
Development for Africa

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This is a legal document and all fields need to be completed in FULL. This document is required by the following Bodies - SAQA, QCTO, ETDP SETA and SSETA. If this document is not completed in full the learner will not be enrolled onto the National Learners Record Database (NLRD). This will result that the Learner will not obtain the credits for this course. This document serves as a contract between you and Learnership Support Systems (Pty) Ltd. A clear certified ID copy and a copy of your matric certificate must be attached to this form. If the ID copy is not clear and certified the form will not be accepted and the learner will not be enrolled.

ETD PRACTITIONER TRAINING - LEARNER ENROLMENT FORM

PROGRAMME INFORMATION: (Tick applicable block with ✓)

Programme name		
	Occupational Certificate: Occupational Trainer NQF 4 ID 97154	
	Occupational Certificate: Training and Development Practitioner NQF 5 ID 101321	
	Occupational Certificate: Learning and Development Professional NQF 6 ID 121276	
	Occupational Certificate: Learning and Development Advisor NQF 7 ID 118774	

Course/Qualification Name	ID	Level	Cr.	✓	Course date
Conduct outcomes-based assessments	**115753**	**5**	**15**		
Conduct Moderation of outcomes-based assessments	**115759**	**6**	**10**		
Facilitate learning using a variety of methodologies	**117871**	**5**	**10**		
Other training:					

PERSONAL INFORMATION

Title (Mr, Mrs, Miss) * | **Initials** | (Including your surname)

First Name *

Middle Name

Surname *

Maiden Name
(Female only)

SA ID No *
Non SA ID / Passport No
Date of Birth (D D M M Y Y Y Y)

Non SA ID Type * Passport. | Driver's License | Temp. ID | Birth Cert.

Gender * M | F

Population Group * African | Coloured | Indian | White | Other

Marital Status * Married | Single | Divorced

Nationality: Botswana | Lesotho | Namibia | Mozambique | South Africa | Swaziland | Zimbabwe | Other

Home Language Afrikaans | English | isiNdebele | xiTsonga | isiXhosa | isiZulu | sePedi | seSotho | seTswana | siSwati | tshiVenda | Other

DISIBILITY STATUS

Sight	No Difficulty		Some difficulty		A lot of difficulty	
	Cannot do at all		Cannot yet to determine		May have difficulty	
	May be part of multiple difficulties		Former difficulty - NONE Now			
Hearing	No Difficulty		Some difficulty		A lot of difficulty	
	Cannot do at all		Cannot yet to determine		May have difficulty	
	May be part of multiple difficulties		Former difficulty - NONE Now			
Communicating (Speaking)	No Difficulty		Some difficulty		A lot of difficulty	
	Cannot do at all		Cannot yet to determine		May have difficulty	
	May be part of multiple difficulties		Former difficulty - NONE Now			
Walking / Moving	No Difficulty		Some difficulty		A lot of difficulty	
	Cannot do at all		Cannot yet to determine		May have difficulty	
	May be part of multiple difficulties		Former difficulty - NONE Now			
Remembering	No Difficulty		Some difficulty		A lot of difficulty	
	Cannot do at all		Cannot yet to determine		May have difficulty	
	May be part of multiple difficulties		Former difficulty - NONE Now			
Self-care Physical, mental, emotional difficulty in doing any of the activities such as dressing, bathing, or getting around inside & outside the home	No Difficulty		Some difficulty		A lot of difficulty	
	Cannot do at all		Cannot yet to determine		May have difficulty	
	May be part of multiple difficulties		Former difficulty - NONE Now			

CONTACT & ADDRESS INFORMATION

Home Tel:				-				-				
Work Tel:				-				-				
Fax:				-				-				
Cell Phone:				-				-				
E-mail address: NB!!!!												

Home Address	**(Physical Home address ONLY)**																				
Stand or Street Number.																					
Street Name																					
Complex Name																					
Suburb / Village Name																					
City/Town Name																					
Municipality																					
Province																					
Area Code					Urban					Rural											

Postal Address:	**(Postal address ONLY)**
P O Box Number.	
Suburb / Village Name	
City/Town Name	
Postal Municipality	
Province	
Postal Code	Urban / Rural
ECO Status	Employed: YES / NO
Employer (Company) Name	
Current Occupation	
Years in Occupation	
Experience in Occupation	

EDUCATIONAL INFORMATION

Highest School Qualification	Grade 9			Grade 10			Grade 11			Grade 12									
Highest **Post** School Qualification																			
Last **school** attended **Name**																			
Last school attended **Town/City**																			
Last school attended **Province**																			
Last school attended **Municipality**																			
Last school attended **Postal Code**																			
Last school attended **Year**																			

Popi Act Status	Agree		Disagree		Date	D	D	M	M	Y	Y	Y	Y

TRAINING AUTHORISED BY:

Name:					
Designation:					
Name of Company:					
Company Postal Address				Code	
E-mail address:					
Tel:	Cell		Fax:		

PAYMENT DETAILS:

Tel Number:			
E-Mail Address:			
Company Postal Address		Code:	
Purchase Order Number:		Company VAT Number:	

Authorising Signature:		Date:	

LSS BANKING DETAILS: PLEASE MAKE EFT PAYMENTS and use Invoice or Quote Number as payment reference when making payments Thank you.

C van Tonder ABSA Bank Clearwater Mall Branch Code:	632 005
ABSA Account Number	9259111637

Please E-mail this completed enrolment form and proof of payment to:

Contact Name: Charlotte

E-mail: charlotte@lss4u.co.za

Mobile: 082 424 8934

LEARNER'S DECLARATION

I _____ ,

(Name & Surname of learner)

hereby declare that the above information is complete, true and correct.

Signature of Applicant: _____

Date: _____

Terms & conditions:
Registrations for courses close at 16h00 on the Friday one full week prior to the start of the training.
Payment must be made before the start of the training with proof of payment emailed to above contact.
Learnership Support Systems (LSS) reserves the right to recall or refuse the Training in the event of non-payment.

- Learnership Support Systems cannot be held liable / responsible for the following:
  - Loss or damage to property brought to any of their workshop venues.
  - Any injuries occurring at any of their workshop venues.
  - Candidates that do not complete the course

- The learner accepts that this training will not automatically lead to certification but must be found competent based on all portfolios (cost included in course) to be completed at his/her workplace and submitted within two months of completing each study school. **An additional R850 VAT Included, will be charged per portfolio for assignments submitted after a two month period.**

OFFICE USE ONLY

Enrolled on Seta Database, by:						Date:	
Captured on LSS Database, by:						Date:	
AIMS Event Number:							
Virtual IT Event Number:							