

ABET LEARNER ENROLMENT FORM

1. COMPANY DETAILS

- 1.1 Company Name: _____
- 1.2 Levy Number: _____ Contact Number: _____
- 1.3 Contact Person: _____
- 1.4 Head of Department: _____
- 1.5 Accredited Training Provider: _____

2. ABET ENROLMENT DETAILS

- 2.1 ABET Level: 1 2 3 4
- 2.2 Full-time Part-time Own Time
- 2.3 Commencement date: _____
- 2.4 End date: _____
- 2.5 Completed Level: 1 2 3 4

3. LEARNER DETAILS

- 3.1 Title : _____ Initial(s) _____
- 3.2 First Names: _____
- 3.3 Surname: _____
- 3.4 Identity number / Passport: _____
- 3.5 Date of birth: _____
- 3.6 Gender: Male Female
- 3.7 Equity: African White Indian Coloured

3.8 Do you have a disability, as contemplated by the Employment Equity Act 55 of 1998?

YES: Specify: _____

NO:

NOTE: The Employment Equity Act defines a disability as a long-term or recurring physical or mental impairment, which substantially limits prospects of entry into, or advancement in, employment

3.9 Nationality: _____ Province: _____

3.10 Home Language: _____

3.11 Home address: _____

_____ Postal Code: _____

3.12 Postal address (if different from above): _____

_____ Postal Code: _____

3.13 Telephone No: _____

3.14 Socio-Economic Status: Employed 18.1 Unemployed 18.2

3.15 Occupation: _____

3.16 How long in this Occupation: _____

3.17 Highest Education: _____

3.18 Experience: _____

3.19 Industry no: _____

Please attach a certified copy of the ID/Passport of the learner.

Learner Signature: _____ **Date:** _____

Head of Department Signature: _____ **Date:** _____

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