**SAQA 59097: Further Education and Training Certificate  
NQF Level 4, 150 Credits**

| **Training Programme** | **Virtual Attendance** | **Distance Learning** | **Start Date** | **End Date** |
| --- | --- | --- | --- | --- |
| SAQA 59097: Further Education and Training Certificate. NQF Level 4, 150 Credits |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Who is Responsible for the Payment?** | Company  Other (Include certifiied copy of ID)  Student (Self) | **Enrolment Date** |  |

**Company Details** (Company Details are only required if a company is enrolling and paying for the student)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name** | |  | | | | | | | | | |
| **Tel No** |  | | | | **Fax No** | |  | | | | |
| **Company Email** | |  | | | **Website** | |  | | | | |
| **Postal Address** | | | | | **Physical Address** | | | | | | |
|  | | | | |  | | | | | | |
|  | | | | |  | | | | | | |
|  | | | | |  | | | | | | |
|  | | | **Code** |  |  | | | | | **Code** |  |
| **Province** | |  | | | **Country** |  | | | | | |
| **VAT Number** | |  | | | **Company Registration No** | | | |  | | |
| **Purchase Order No.** | |  | | | | | | ***Please attach order form where relevant*** | | | |

**Details of Person Responsible for the Payment (**To be completed if **not** paid for by a company)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Person Responsible for Payment** | |  | | | |
| **Email of Person Responsible for Payment** | |  | | | |
| **Tel No** |  | | **Fax No** |  | |
| **Signature of Persons Responsible for Payment** | |  | | **ID Number** |  |

Kindly note that the information below is required by the SETA.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | |
| **Surname (Last Name)** |  | | | | | |
| **Previous Surname** |  | | | | | |
| **First Name** |  | | | **Middle Name** |  | |
| **Initials** |  | | | **Title (Mr/Mrs, etc.)** | |  |
| **ID No.** |  | | | **Date Birth** | |  |
| **Alternative ID Type (please tick box) – Only required if ID Document is not available.** | | | | **Alternative ID Number** | |  |
| 521 – SAQA Member ID  527 – Passport  529 – Driver’s Licence  531 – Temporary ID  533 – None  535 – Unknown  537 – Student Number  538 – Work Permit  539 – Employee No.  540 – Birth Cert.  541 – HSRC Register  561 – ETQA Record | | | | | | |
| **Gender (*please tick box*)** | | Male – M  Female – F | | | | |
| **Equity (*please tick box*)** | | BA – Black African  BC – Black Coloured  BI – Black Indian  U – Unknown  WH – White | | | | |
| **Home Language (*please tick box*)** | | | | | | |
| Afrikaans  English  isiNdebele  isiXhosa  isiZulu  Other  (Please state:      )  sePedi [also known as Northern Sotho / Sesotho sa Lebowa]  seSotho  seTswana  siSwati  South African Sign Language  tshiVenda  xiTsonga | | | | | | |
| **Citizen Resident Status (*please tick box*)** | | | Dual (SA plus Other)  Other  (Please state:      ) Permanent Resident  South Africa – SA | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ability / Disability Status (*please tick box*)** | | | | | |
| **Seeing** | 1 - no difficulty  2 - some difficulty  3 - a lot of difficulty  4 - cannot do at all  6 - cannot yet be determined  60 - may be part of multiple difficulties (tbc)  70 - may have difficulty (tbc)  80 - former difficulty (not now) | **Hearing** | 1 - no difficulty  2 - some difficulty  3 - a lot of difficulty  4 - cannot do at all  6 - cannot yet be determined  60 - may be part of multiple difficulties (tbc)  70 - may have difficulty (tbc)  80 - former difficulty (not now) | **Communicating** | 1 - no difficulty  2 - some difficulty  3 - a lot of difficulty  4 - cannot do at all  6 - cannot yet be determined  60 - may be part of multiple difficulties (tbc)  70 - may have difficulty (tbc)  80 - former difficulty (not now) |
| **Walking** | 1 - no difficulty  2 - some difficulty  3 - a lot of difficulty  4 - cannot do at all  6 - cannot yet be determined  60 - may be part of multiple difficulties (tbc)  70 - may have difficulty (tbc)  80 - former difficulty (not now) | **Remembering** | 1 - no difficulty  2 - some difficulty  3 - a lot of difficulty  4 - cannot do at all  6 - cannot yet be determined  60 - may be part of multiple difficulties (tbc)  70 - may have difficulty (tbc)  80 - former difficulty (not now) | **Self Care** | 1 - no difficulty  2 - some difficulty  3 - a lot of difficulty  4 - cannot do at all  6 - cannot yet be determined  60 - may be part of multiple difficulties (tbc)  70 - may have difficulty (tbc)  80 - former difficulty (not now) |

|  |  |  |
| --- | --- | --- |
| **Do you have any special needs we need to be aware of?** | | |
| Yes | No | **Please give details:** |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Are you classified as disabled?** | | |
| Yes | No | **Please give details:** |
|  | | |

| **Student / Learner Contact Details** | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Tel No. (H)** |  | | | **Tel No. (W)** | | |  | | | | | | | |
| **Cell No.** |  | | | **Fax No.** | | |  | | | | | | | |
| **Email** |  | | | | | | | | | | | | | |
| **Physical Address** |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | **Code** | |  | | |
| **Physical Municipality** |  | | **Physical Urban/Rural** | | Urban  Rural | | | **Physical Province** | | |  | | | |
| **Postal Address** |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | **Code** | |  | | |
| **Physical Municipality** |  | | **Physical Urban/Rural** | | Urban  Rural | | | **Physical Province** | | |  | | | |
| **Socio-Economic Status (*please tick box*)** | | | | | | | | | | | | |
| U – Unspecified  01 – Employed | | 02 – Unemployed  04 – Homemaker | | | | 06 – Student  07 – Retired | | | 08 – Unemployed - Disabled | | | |
| **Qualifications** | | | | | | | | | | | | | |
| **Highest Qualification** |  | | | | | | | | | | | | |
| **School Attended** |  | | | | | | | | | | | | |

*Please submit certified copies of ID and Highest Qualification along with the enrolment form.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Where did you hear about ENJO Consultants?** | | | | |
| Referred by a colleague/friend | Google | Facebook | Company I am working for | Other |

|  |  |  |
| --- | --- | --- |
| **Would you like to receive our email newsletter?** | | |
| Yes | No |  |