**Learner Enrolment Form**

| **Title** | **Distance****Learning** | **3 Contact Sessions + Self-Study** | **Start Date** | **End Date** | **Duration** |
| --- | --- | --- | --- | --- | --- |
| **SAQA Qualification 97154: Occupational Certificate: Occupational Trainer.NQF Level 04, 124 Credits** |[ ] [ ]        |       | 18 Months |

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| **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)

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| **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**

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

**Student (Learner) Details**

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| **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 [ ]  |

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| **Nationality (*please tick box*)** |
| Angola [ ]  Asian Countires [ ]  Australia and New Zealand [ ]  Botswana [ ]  Central and South America [ ]  European Countires [ ]  Lesotho [ ]  Malawi [ ]  Mauritius [ ]  Mozambique [ ]  N/A: Institution [ ]  Namibia [ ]  North American Countries [ ]  Other and rest of Oceania [ ]  Rest of Africa [ ]  SADC except SA (i.e. NAM to ZAI) [ ]  Seychelles [ ]  South Africa [ ]  Swaziland [ ]  Tanzania [ ]  Zaire [ ]  Zimbabwe [ ]  |
| **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) |

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| **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** |       |
| **Physical Address where the certificate must be couriered to** |       |
|       |
|       | **Code** |       |

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| **Distance Learners Learning Material** – Please indicate if learning material must be couriered or delivered |
| **Delivery/Collection** | Please deliver the learning material [ ]  | The learning material will be collected [ ]  |
| **Physical address where learning material must be couriered to.** |       |
|       |
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| **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** |       |
| **Do you have any special needs we need to be aware of?** |
| [ ]  Yes | [ ]  No | **Please give details:**       |
|       |

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

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

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

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| **This Section Only to be completed by those who will attend contact sessions at ENJO Consultants** |
| **Do you require wheelchair access?** | [ ]  Yes | [ ]  No | **Please give details:**       |
|       |
| **Meals for Training taking place at ENJO Consultants** |
| *A free complimentary light lunch is provided to learners who attend training at the offices of ENJO Consultants.**Please note that we are only able to cater for a Normal (Western Diet) or a Vegetarian Diet.**Meals are according to a set menu.**Learners who have specific allergies, other dietary requirements or larger appetites should provide their own lunch to be on the safe side.* |
| Would you like to receive the free complimentary light lunch? | [ ]  Yes | [ ]  No | Please select diet | [ ]  Normal Diet (Western)[ ]  Vegetarian Diet | ***(No pork products are served)*** |

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| **OFFICE USE ONLY** |
| Student Number: | Comment: |
| Captured on TIMS by: | Captured on QCTO Database by: |
| Date captured on TIMS: | Date captured on QCTO Database: |
| Invoice Number:  | Invoice Date: | Paid: Yes [ ]  No [ ]  | Payment Date: |