**Learner Enrolment Form**

| **Title** | **Distance**  **Learning** | **3 Contact Sessions + Self-Study** | **Start Date** | **End Date** | **Duration** |
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| **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** | | | | | | |
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|  | | | **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** |  | | | | | | | | |
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|  | | | | | | **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:** | | | | | | |
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*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: |