

# Learner Information Sheet

*In accordance with SAQA requirements, we must keep comprehensive records of all our learners for their National Learner Records Database. Please take a few minutes to complete this form as **clearly** and **comprehensively** as possible – Thank you!*

## Personal Information

Form completed on Enter date of completing this form	
ID Type	<input type="checkbox"/> 1 - National Id <input type="checkbox"/> 538 – Work Permit No. <input type="checkbox"/> 521 - SAQA Member ID <input type="checkbox"/> 539 – Employee Number <input type="checkbox"/> 527 - Passport No. <input type="checkbox"/> 540 – Birth Certificate <input type="checkbox"/> 529 - Driver’s Licence <input type="checkbox"/> 541 – HSRC Register No. <input type="checkbox"/> 531 - Temporary ID No. <input type="checkbox"/> 541 – ETQA Record No. <input type="checkbox"/> 537 - Student Number
ID Number Your South African 13 digit ID No.	For verification purposes, please submit a certified copy of your ID book
Alternative ID Number If you do not have a South African ID No.	
Equity Code	<input type="checkbox"/> BA - Black: African <input type="checkbox"/> BI - Black: Indian / Asian <input type="checkbox"/> BC - Black: Coloured <input type="checkbox"/> U - Unknown <input type="checkbox"/> WH - White
Nationality	<input type="checkbox"/> SA - South African <input type="checkbox"/> SDC - SADC or tick sub-section below <input type="checkbox"/> NAM - Namibia <input type="checkbox"/> MAL - Malawi <input type="checkbox"/> BOT - Botswana <input type="checkbox"/> ZAM - Zambia <input type="checkbox"/> ZIM - Zimbabwe <input type="checkbox"/> MAU - Mauritius <input type="checkbox"/> ANG - Angola <input type="checkbox"/> TAN - Tanzania <input type="checkbox"/> MOZ - Mozambique <input type="checkbox"/> SEY - Seychelles <input type="checkbox"/> LES - Lesotho <input type="checkbox"/> ZAI - Zaire <input type="checkbox"/> SWA - Swaziland <input type="checkbox"/> Other _____
Home Language	<input type="checkbox"/> ENG - English <input type="checkbox"/> TSH - tshiVenda <input type="checkbox"/> AFR – Afrikaans <input type="checkbox"/> U - Unknown <input type="checkbox"/> OTH - Other _____ <input type="checkbox"/> XHO - isiXhosa <input type="checkbox"/> SEP – sePedi (N. Sotho) <input type="checkbox"/> XIT - xiTsonga <input type="checkbox"/> SES - seSotho <input type="checkbox"/> ZUL - isiZulu <input type="checkbox"/> SET - seTswana <input type="checkbox"/> NDE – isiNdebele <input type="checkbox"/> SWA - siSwati
Gender	<input type="checkbox"/> M – Male <input type="checkbox"/> F – Female <input type="checkbox"/> Unknown
Citizen Resident Status	<input type="checkbox"/> U - Unknown <input type="checkbox"/> SA - South African <input type="checkbox"/> O - Other  <input type="checkbox"/> D - Dual SA + _____ <input type="checkbox"/> PR - Permanent Resident
Socio-economic Status	<input type="checkbox"/> 01 - Employed <input type="checkbox"/> 02 - Unemployed
Disability Status	<input type="checkbox"/> N - None <input type="checkbox"/> 01 - Sight (blind / partially blind even with glasses) <input type="checkbox"/> 02 - Hearing (deaf / partially deaf even with hearing aid) <input type="checkbox"/> 03 - Communication (talking, listening) <input type="checkbox"/> 04 - Physical (moving / standing / grasping) <input type="checkbox"/> 05 - Intellectual (learning difficulties); retardation <input type="checkbox"/> 06 - Emotional (behavioural / psychological) <input type="checkbox"/> 07 - Multiple disabilities <input type="checkbox"/> 09 - Disabled but unspecified <input type="checkbox"/> U – Unknown disability status

<b>Last Name</b> To be used on certificate		
<b>First Name</b> To be used on certificate		
<b>Middle Names</b> To be used on certificate		
<b>Title</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	<input type="checkbox"/> Professor <input type="checkbox"/> Dr <input type="checkbox"/> Other_____
<b>Previous Last Name</b> Maiden name if now married		
<b>Date of Birth</b>		
<b>Home Address 1</b>		
<b>Home Address 2</b>		
<b>Home Address 3</b>		
<b>Post Code</b>		
<b>Postal Address 1</b>		
<b>Postal Address 2</b>		
<b>Postal Address 3</b>		
<b>Post Code</b>		
<b>Telephone Number</b>		
<b>Fax Number</b>		
<b>Email Address</b>		
<b>Province</b>	<input type="checkbox"/> 1 - Western Cape <input type="checkbox"/> 2 - Eastern Cape <input type="checkbox"/> 3 - Northern Cape <input type="checkbox"/> 4 - Free State <input type="checkbox"/> 5 - KwaZulu Natal	<input type="checkbox"/> 6 - North West <input type="checkbox"/> 7 - Gauteng <input type="checkbox"/> 8 - Mpumalanga <input type="checkbox"/> 9 - Limpopo
<b>Highest School Qualification</b>	<input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10	<input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Unknown
<b>Highest Qualification Achieved</b>	<input type="checkbox"/> 2 - National Certificate <input type="checkbox"/> 3 - National Diploma <input type="checkbox"/> 4 - Degree	<input type="checkbox"/> 503 - Doctorate <input type="checkbox"/> 505 - Masters
<b>Qualifications Currently Studying For:</b>		

<b>Employment Details &amp; Contact Information</b>	
Organisation Name	
Organisation SDL Number	
Department / Division	
Occupational Category	<input type="checkbox"/> 0 - Armed Forces <input type="checkbox"/> 1 - Legislators, Senior Officials And Managers <input type="checkbox"/> 2 - Professionals <input type="checkbox"/> 3 - Technicians And Associate Professionals <input type="checkbox"/> 4 - Clerks <input type="checkbox"/> 5 - Service Workers And Shop And Market Sales Workers <input type="checkbox"/> 6 - Skilled Agricultural And Fishery Workers <input type="checkbox"/> 7 - Craft And Related Trades Workers <input type="checkbox"/> 8 - Plant And Machine Operators And Assemblers <input type="checkbox"/> 9 - Elementary Occupations <input type="checkbox"/> 10 - Occupation Unspecified NEC
Date Started Employment	
Work Physical Address	
Work Physical Address Code	
Work Postal Address If different from above	
Work Postal Address Code	
Province	<input type="checkbox"/> Western Cape <input type="checkbox"/> Limpopo <input type="checkbox"/> KwaZulu Natal <input type="checkbox"/> Mpumalanga <input type="checkbox"/> Eastern Cape <input type="checkbox"/> Free State <input type="checkbox"/> North West <input type="checkbox"/> SA National <input type="checkbox"/> Northern Cape                      (in SA but Province unspecified) <input type="checkbox"/> Gauteng <input type="checkbox"/> Outside SA
Work Phone Number	
Work Email Address	
Supervisor / Manager's Name	
Training Manager's Name	
Who approved your rpl/training? Please give name and job title if they are not listed above	
Please sign this form to validate that all information is correct	