

LEARNER ENROLLMENT FORM

The information completed in this form is used to upload your records to the INSETA MIS system. Please ensure all fields are completed and that the information is correct and legible. **NB**: Should any of your contact details change, please ensure that Santam (<u>learnerqueries@santam.co.za</u>) is informed of this change so that we may be able to contact you in the event of results, or any other notifications etc.

Attach a recently certified copy of your identification

Skills Programme (SPP, SCP123, SCP9, INPRI):		
Skills Programme commencement date:		
Please confirm if you intend on doing the Skills Programmes or Full Qualification:		
Surname:		
Full Names:		
Maiden Name:		
Title (e.g. Mr / Mrs / Miss/ Ms / Dr):		
Date of Birth:		
Identification Number:		
Identification Type: SA ID or Passport (if you do not have an ID)	Type of ID:	Number:
Marital Status:		
Gender: (Male/Female)		
Race: (African/Indian/Coloured/White)		
Home/Physical Address:		
		Code:
Postal Address:		
		Code:
Municipality:		
Province:		
Phone Number(s):	Home:	
	Work:	
	Cell:	
Email Address:		



Home Language:		
Employment Status: (Employed or unemployed)		
Are you a SANTAM employee or a Broker?		
Name of the employer:		
Nature of Disability (if any): (Please provide medical confirmation of condition.)		
Last High School Attended Name:		
Last High School Attended Completed Year:		
Last High School: (Indicate grade/ standard completed) Please include certificates in your PoE.		
POPI Consent:		
Santam Ltd is committed to ensure that Personal Information is at all times processed fairly, lawfully and correctly, and within the ambit of applicable legislation and to provide an appropriate level of security and privacy of Personal Information about its data subjects that comes into its possession or custody.		
 You consent that Santam may share your information and therefore authorise us: i) to share information for any skills programme, training attended on your behalf as we regard necessary; ii) to store this information in a shared database and use it in the public interest iii) to share information with any third party we work with for the purpose of training, assessment, moderation, verification, quality assurance, accreditation and archiving iv) to verify and share any information with legally recognised education and training authorities, professional bodies and service providers 		
Learner Date:		
Learner Date:		
Learner Signature:		



Recently Certified copy of your ID

PLACE A CERTIFIED COPY OF YOUR IDENTITY DOCUMENT HERE.

PLEASE MAKE SURE THAT IT IS CLEAR AND THAT THE PHOTOGRAPH IS VISIBLE.