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CONFIRMATION OF LEARNER REGISTRATION ON A SKILLS PROGRAMME

Learner Name	
Learner Surname	
Learner ID Number	
Training Provider Name	Classic Oriental Trading 533 (Pty) Ltd
Training Provider Accreditation Number	4 R 45246
Skill Programme ID	SP-NG-CH3-GE-9-29
Start Date of Skills Programme	
End Date of Skills Programme	
Total Credits	2
NQF Level	3
Linked Qualification/Learnership Title	NG-Construction
Linked Qualification ID	77063

For CETA Office Use:

Registered by	Date Registered
Signature	Date



Skills Programme Learner Registration Form

1 Please provide the Title and SAQA ID number of the proposed Skills Program and indicate the proposed number of learners for Employed (18.1) and Unemployed (18.2)

1.1 : Qualification Title and SAQA ID Number:

77063 - NC - Construction

1.2 : Skills Programme Code: (OFFICE USE ONLY)

1.3 Commencement date of skills Programme:

1.4 Termination date of Skills Programme:

1.5 Unit Standards covered:

US Code	Unit Standard (US) Title	Credit Value
120329	Respond to, implement and manage emergencies according to an emergency action plan in a workplace	2

1. REGISTERED ASSESSOR (FOR ABOVE MENTIONED SKILLS PROGRAM: ATTACH PROOF)

1. REGISTERED ASSESSOR (FOR ABOVE MENTIONED SKILLS PROGRAM: ATTACH PROOF)												
	FULL NAMES:											
	SURNAME:											
	ID NUMBER:											
	REGISTRATION NUMBER											

2. LEARNER DETAILS

2.1 Full names:

2.2 Identity number:

2.3 Gender:

2.4 Home language:

2.5 Race: African/ Coloured/ Indian/ White/ Other

2.6 Do you have a disability, as contemplated by the Employment Equity Act (No. 55 of 1998)

If yes, specify and attach proof:

2.7 Home address:

2.8 Postal address (*if different from 2.7*)

2.9 E-mail address:

2.10 Tel No / Cell Number:

2.11 Are you a South African citizen?

If no, attach documents such as residency or study permit indicating your status in South Africa.

2.12 When did you start to work with your employer?

3. EMPLOYER DETAILS

3.1. Registered name of employer:

3.2. Are you the lead employer?

3.3. Physical address:

3.4. Postal address:

3.5. Full names of contact person:

3.6. Tel No:

3.7. Fax No:

3.7. E-mail:

3.8. SETA

4. TRAINING PROVIDER DETAILS

4.1. Registered name of training provider:
Classic Oriental Trading 533 (Pty) Ltd

4.2. Trading name (if different from 4.1):
SHE Management Consultants

4.3. Are you the lead training provider? Yes No
Yes

4.4. Physical business address:
05 Walter Sisulu Road, Universitas
Bloemfontein, 9301

4.5. Postal address
PO Box 11687, Universitas, BFN, 9321

4.6. Full names of contact person:
Megan Rowse

4.7. Accreditation Number:
HR 45246

4.8. Tel No and Code:
051-436 9675

4.9. Fax No and Code:
086 616 2276

4.10. E-mail:
health@shegroup.co.za

4.11. SDL Number:

5. SIGNATORIES:

Employer		Date:
Training Provider		Date:
Learner		Date: