

SKILLS PROGRAMME LEARNER ENROLMENT FORM

1. COMPANY DETAILS

1.1 Company Name: _____

1.2 Levy Number: _____ Contact Number: _____

1.3 Contact Person: _____

1.4 Head of Department: _____

2. SKILLS PROGRAMME ENROLMENT DETAILS

2.1 Skills Programme Description:-

2.2 Commencement date: _____

2.3 End date: _____

3. LEARNER DETAILS

3.1 Title : _____ Initial(s) _____

3.2 First Names: _____

3.3 Surname: _____

3.4 Identity number / Passport: _____

3.5 Date of birth: _____

3.6 Gender: Male Female

3.7 Equity: African White Indian Coloured

3.8 Do you have a disability, as contemplated by the Employment Equity Act 55 of 1998?

YES: Specify: _____

NO:

NOTE: The Employment Equity Act defines a disability as a long-term or recurring physical or mental impairment, which substantially limits prospects of entry into, or advancement in, employment

3.9 Nationality: _____ Province: _____

3.10 Home Language: _____

3.11 Home address: _____

_____ Postal Code: _____

3.12 Postal address (if different from above): _____

_____ Postal Code: _____

3.13 Telephone No: _____

3.14 Socio-Economic Status: Employed 18.1 Unemployed 18.2

3.15 Occupation: _____

3.16 How long in this Occupation: _____

3.17 Highest Education: _____

3.18 Experience: _____

3.19 Industry no: _____

Please print and have this form signed below by the learner and Head of Training/Training Representative, then upload a certified copy of the ID/Passport of the learner.

NB: PLEASE NOTE THAT IN CASE OF THE OHS REPRESENTATIVE DEVELOPMENT, THE FOLLOWING DOCUMENT MUST ALSO BE UPLOADED: (1) A SIGNED SKILLS AGREEMENT

Learner Signature: _____

Head of Department Signature: _____