



**Tel:** 012 423 5700 | **Fax:** 012 423 5755/65 communications@pseta.org.za | www.pseta.org.za

## LEARNER REGISTRATION FORM

(SKILLS PROGRAMME)

(Attach an originally certified copy of ID document)

LEARNER DE	TAILS											
TITLE	FIRST NAMES				SURNAM	IE						
I.D. No				YOU A SOU		YN	CITIZENS	<del>I</del> IP				
DATE OF BIRTH	YYYY/Mm/DD		GENDER			MALE	FEMALE					
				RACE								
AFRICAN	COLOURED		INDIAN		WH	ITE		OTHER				
DISABILITY	Y N IF YES SPE	CIFY										
Do you Liv	E IN A RURAL OR URE	BAN AREA?		U	URBAN RURAL							
	RESIDENTIAL ADDRI	ESS			POSTAL ADDRESS							
Сітү				CITY								
POST CODE	COUNTRY			Post C	ODE	Co	DUNTRY					
PROVINCE	MUNICIPAL	TY										
E-MAIL		ı	PHONE	CODE	Numbe	R	CELL					
HIGHEST LEVEL	QUALIFICATION											
TITLE OF HIGHES	ST QUALIFICATION											



LAST SCHOOL ATTENDED

LAST SCHOOL YEAR															
STATSSA ARE	A CODE	E (Refers	го												
THE AREA CODE OF THE SCHOOL)															
POPI ACT: AGI	REE/DIS	AGREE													
(REFER TO POPI	ACT IN AN	NEXURE	A)												
POPI ACT STA	TUS (REF	ERS TO TH	E												
PROGRAMME START															
PARENT OR G	UARDIA	AN DETA	AIL (T	O BE	СОМ	1PLE	ETED IF	LEAF	RNER IS A	MINOR	)				
TITLE	FIRST N	NAMES		Ş						SURNAME					
I.D. No															
	Ho	ME ADDR	ESS									STAL ADDRESS			
Сіту									CITY						
POST CODE		COUNT	RY					Post (	POST CODE CO		Co	DUNTRY			
PROVINCE		MUNICII	PALIT	PALITY											
				Li	EAF	RN	IING F	PRO	GRAMN	/IE DE	ETAILS	3			
NAME OF SKIL	LS PRO	OGRAMI	ME R	EGI	STE	ΞR	ED FO	OR					ADVANCED DIGITAL ENTREPRENEURSHIP PROGRAMME		
REGISTRATIO	N CODE	OF SK	ILLS	PRO	OGR	RA	ММЕ	REC	SISTER	ED F	OR				
TITLES AND UNIT STANDARD(S) CODES															
		(RELE	VANT	T IN C	CAS	SE (	OF UN	IIT S	TANDAF	RD RE	GISTR	ATIO	NS ONLY)		
SAQA UNIT STANDARD TITLE							S	AQA U	NIT S	STANDARD CO	DDE				



START DATE OF TRAINING										
END DATE OF TRAINING										
	LEARNER EMPLO	YMENT	DETAILS							
LEGAL NAME OF EMPLOYER										
EMPLOYER WORKPLACE										
SDL NUMBER										
NAME OF SETA REGISTERED										
AT										
GPS COORDINATES										
CONTACT PERSON		TELEPI	HONE NUMBER							
LEARNER'S CURRENT JOB										
TITLE										
WERE YOU EMPLOYED BY YOUR CO	URRENT EMPLOYER BEFORE C	ONCLUD	ING THIS		YES	No				
IF YOU WERE UNEMPLOYED BEFOR	RE CONCLUDING THIS FORM, S	TATE HO	W LONG							
1	LEAD SKILLS DEVELOPM	ENT PR	ROVIDER DETA	NLS .						
LEGAL NAME OF SKILLS DEVELOPMENT PROVIDER	THE NATIONAL ELECTRON	IC MEDIA	INSTITUTE OF SC	OUTH AFR	ICA					
TRADING NAME OF SKILLS DEVELOPMENT PROVIDER	NEMISA									
SKILLS DEVELOPMENT PROVIDER	AUCKLAND PARK, JOHANN	ESBURG								
SITE										
SDL NUMBER	N/A									
ACCREDITATION NUMBER										
NAME OF SETA REGISTERED AT	MICT SETA	MICT SETA								
SIC CODE THAT APPLIES	85									
GPS COORDINATES	-26. 18135 -28. 00085									
CONTACT PERSON	Bontle Ramantsi	TE	LEPHONE NUMB	ER	011 4840583					
PHYSICAL AI	DDRESS		Postal Address							



26 Canary Street				PO BOX 5	45				
Auckland Park				Auckland I	Park				
CITY	Johannest	ourg		CITY		Johannes	burg		
POST CODE	2006	COUNTRY	SA	Post Co	ODE	2006	COUNTR	RY	SA
PROVINCE	GP	MUNICIPALITY	City of Johannesburg						
E-MAIL bontler@	nemisa.co	).za	PHONE	011	484 05	83	С	ELL	011 484 0583

## **DECLARATIONS AND SIGNATURES**

(I hereby declare that the capturing of the abovementioned information is accurate).

EARNER'S SIGNATURE:
ATE:
DP NAME:
EPRESENTED BY:
ESIGNATION:
IGNATURE:
ATE:



## **ANNEXURE A: POPI ACT**

Protection of Personal Information Act, No 4 of 2013 promotes the protection of personal information by public and private bodies.

The Protection of Personal Information (POPIA) Act has been signed into law by the President on 19 November and published in the Government Gazette Notice 37067 on 26 November 2013.

In simple terms, the purpose of the **POPI Act** is to ensure that all **South African** institutions conduct themselves in a responsible manner when collecting, processing, storing and sharing another entity's personal information by holding them accountable should they abuse or compromise your personal information in any way.

By selecting agree on this form, the individual therefore agrees that his/her information can be used by the PSETA and the Department of Higher Education and Training for the sole purpose of reporting on the learning intervention