



Skills Programme Learner Registration Form

(COMPANY USE ONLY)

1 Please indicate the funding status:

Programme Funding Status		Please tick the applicable
1	CETA DG Funded Programme	
2	Industry / Company Funded Programme	

2 Please indicate whether the learner is employed or unemployed as at the start date of the programme:

Learner Socio Economic Status		Please tick the applicable
1	Employed Learner (18.1)	
2	Unemployed Learner (18.2)	

3 Please provide the Title and SAQA ID number of the proposed Skills Program and indicate the proposed number of learners:

3.1 : Qualification Title and SAQA ID Number:

3.2 : Skills Programme Code: (CETA OFFICE USE ONLY)

3.3 Commencement date of Skills Programme:

3.4 Termination date of Skills Programme:

3.5 Unit Standards covered:

US Code	Unit Standard (US) Title	Credit Value

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 (attach proof)

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

Kindly note that the information provided will be used solely for Registration and Booking purposes.

2.7 Home address and Province

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?

2.13 Construction / Engineering Work Experience (years): _____

2.14 Position: _____

2.15 Highest Qualification: _____

2.16 Name of Learning Institution: _____

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:

3.8. SETA:

4. TRAINING PROVIDER DETAILS

4.1. Registered name of training provider:
Naidu Consulting (Pty) Ltd

4.2. Trading name (if different from 4.1):
N / A

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

4.4. Physical business address:
No.5 The Boulevard, Westway Office Park

7 Harry Gwala Road

4.5. Postal address
PO Box 2796, Westville 3635

4.6. Full names of contact person:
Pat Pillay – Skills Development Facilitator

4.7. Accreditation Number:
ACC / 19 / 05 / 00008

4.8. Tel No and Code:
031 265 6011

4.9. Fax No and Code:
031 265 6011

4.10. E-mail:
training@naiduconsulting.com

4.11. SDL Number:
L 150 777 136

5. SIGNATORIES:

Employer		Date:
Training Provider		Date:
Learner		Date:

TERMS AND CONDITIONS:

1. Pre-Payment is required for all bookings. No candidates will be allowed to attend training without confirmation of payment.
2. Applications are to be submitted with certified copies of an ID and highest qualification.
3. Refund of cancelled bookings are not permitted. Candidates are however, permitted to select an alternative date within 2 months of the original booking date.
4. Substitute candidates are permitted where correspondence of such is provided on a company letterhead.
5. Naidu Consulting (Pty) Ltd reserves the rights to cancel training in the event of unforeseen circumstances.

POPIA DISCLAIMER:

Please note that Naidu Consulting (Pty) Ltd is an Accredited CETA training provider that complies with the POPIA Regulations and will process all collected personal information lawfully, in a manner that does not infringe on an individual's rights to privacy.

Naidu Consulting (Pty) Ltd furthermore seeks to treat personal information with the utmost care and confidentiality and confirms that it will only be retained for as long as necessary to fulfil the purpose of instruction, and/or submit to the CETA to comply with any relevant law or requirement.