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STUDENT NO.:

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Learning Pathway/Programme: (Pls indicate with a X)

ND: ECD-NQF L/5 (SAQA 23118-LP64650)

(Please type in white blocks or write in white blocks &amp; print using only a black pen)

## SECTION 01: APPLICANT PERSONAL INFORMATION

Title Ms./Mr./Miss)					First Name:														
Middle Name:																			
Surname:									D.O.B.	yy	mm	dd							
RSA (Identity Document Number):																			
Race: (Indicate with X)	African	Coloured	Indian	White	Gender:	Male	Female	Disability:	If Yes Specify:										
								Yes	No										
Physical Address:					Postal Address:														
Code:					Code:														
Municipality:																			
Home Tel. No.					Cellphone No.:														
Email Address:																			
Alternate Contact Person:					Cellphone:														
(Guardian/Parent)					E mail Address:														

<b>Are you currently Employed?</b>	Yes	No	<b>Have you ever been enrolled on a learnership before this application?</b>	Yes	No
<b>If Yes was it SETA Funded?</b>	Yes	No	<b>Did you complete the learnership successfully?</b>	Yes	No
<b>If Yes state the following:</b> (And if No state not applicable.)			<b>Learnership Name:</b>		
			<b>Year</b>	<b>Certificate Obtained</b>	

### SECTION 02: EDUCATIONAL QUALIFICATION

<b>Name of last school attended:</b>			
<b>Town/Suburb/Village:</b>		<b>Municipality</b>	
<b>Period: From</b>		<b>To</b>	
<b>Highest Grade:</b>			
<b>Any Other Qualifications</b>	1..... 2..... 3..... (attach any other relevant qualification with this application for considerations)		

### SECTION 03: WORK EXPERIENCES –(Last Or Current employer)

<b>Employer Name:</b>			
<b>Position Held:</b>		<b>Period Employed:</b>	
<b>Responsibilities:</b>			

## SECTION 04: TERMS AND CONDITIONS

### RULES FOR COMPLETING THE FORM:

- ✓ Application forms that are incomplete will be automatically disqualified
- ✓ Invalid or incorrect contact details will automatically disqualify the applicant
- ✓ Applicant must be only South African Citizens - 18 years and older

**The following certified documents MUST be attached to this application or the applicant will be disqualified.**

Please Tick if submitted. ☐

- |  |  |
|--|--|
| 1. Affidavit in terms of Proof of Registration with any Training Institution/EPWP & NASFAS   |  |
| 2. Learner with disability should produce or attach an original medical certificate signed & stamped by the relevant medical practitioner registered with HPCSA or Medical Institution and it must not be older than 3 months. |  |
| 3. Current and updated short C. V with relevant ECD information not more than 2 pages  |  |
| 4. Relevant previous training attended certificates or letters of recommendation from learning institutions  |  |

**SECTION 05: DECLARATION BY APPLICANT:** I declare that I am aware and that I understand the conditions as per the Programme Advert. I declare that the information supplied in this application is true and correct. I understand that any submission of FALSE information will automatically disqualify me from being part of this learning programme and as an applicant.

Print Name & Surname: ..... Signature: .....

Date: .....

**FOR OFFICE USE ONLY:** Name of LPQD Officer: ..... Signature: ..... Date: .....

**Does Learner qualify for Enrolment into the programme?**

Yes Not

If NOT, Reasons	Learner does not meet qualification entry requirements		Learner qualifies for RPL		Learner is overqualified for this programme-Refer for trade test or apprenticeship		Not a RSA Citizen	
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**NB: BT Group Training Institute adhere to POPI Act and will in no way or the other use the applicant submitted information for another purpose other than as intended for this application. Strict and safe record security measures including safekeeping and electronic storage of the applicant is guaranteed as per the organization policies and practices.**