

# ENROLMENT FORM

<b>Programme Name:</b>		<b>Programme Delivery Date:</b>	
------------------------	--	---------------------------------	--

Preferred Licensee			
Head Office (Centurion)	<input type="checkbox"/>	Limpopo	<input type="checkbox"/>
Gauteng North/Wonderboom	<input type="checkbox"/>	Mpumalanga	<input type="checkbox"/>
Gauteng Johannesburg East Rand	<input type="checkbox"/>	Free State	<input type="checkbox"/>
Kempton Park	<input type="checkbox"/>	Western Cape	<input type="checkbox"/>
Gauteng North West	<input type="checkbox"/>	Eastern Cape	<input type="checkbox"/>
Kwazulu-Natal Pietermaritzburg / KZN Interior	<input type="checkbox"/>		

Learner Personal Information													
Title	Mr	Mrs	Ms	Miss	Professor	Dr	Other						
Last Name	First Name			Middle Names				Previous Last Name					
ID Type	<input type="checkbox"/> Identity Document						<input type="checkbox"/> Passport Number						
ID Number/Passport number													
Gender	<input type="checkbox"/> M – Male						<input type="checkbox"/> F – Female						
Address Details	Home Physical						Home Postal						
Address 1													
Address 2													
Address 3													
Postal Code													
Province													
Telephone Number													
Cell number													
Email Address													

Employment Details	Organisation Name	Designation
Years Experience		
Branch		
SDL Number		
Telephone Number		
Fax Number		
Email Address		

Occupational Category	<input type="checkbox"/> 0 - Armed Forces <input type="checkbox"/> 1 - Legislators, Senior Officials and Managers <input type="checkbox"/> 2 - Professionals <input type="checkbox"/> 3 - Technicians and Associate Professionals <input type="checkbox"/> 4 - Clerks <input type="checkbox"/> 5 - Service Workers and Shop and Market Sales Workers	<input type="checkbox"/> 6 - Skilled Agricultural and Fishery Workers <input type="checkbox"/> 7 - Craft and Related Trades Workers <input type="checkbox"/> 8 - Plant and Machine Operators and Assemblers <input type="checkbox"/> 9 - Elementary Occupations <input type="checkbox"/> 10 - Occupation Unspecified NEC <input type="checkbox"/> 11 - Education Professionals <input type="checkbox"/> 12 - Real Estate Practitioners
Highest School Qualification		
Highest Qualification Achieved		

# ENROLMENT FORM

Equity Code	<input type="checkbox"/> BA - Black: African <input type="checkbox"/> BI - Black: Indian / Asian <input type="checkbox"/> BC - Black: Coloured	<input type="checkbox"/> U - Unknown <input type="checkbox"/> WH - White
Nationality		
Home Language		
Citizen Resident Status	<input type="checkbox"/> SA - South African	<input type="checkbox"/> O - Other
Socio-economic Status	<input type="checkbox"/> 01 - Employed	<input type="checkbox"/> 02 - Unemployed
Disability Status	<input type="checkbox"/> N - None <input type="checkbox"/> 01 - Sight (blind / partially blind even with glasses) <input type="checkbox"/> 02 - Hearing (deaf / partially deaf even with hearing aid) <input type="checkbox"/> 03 - Communication (talking, listening) <input type="checkbox"/> 04 - Physical (moving / standing / grasping)	<input type="checkbox"/> 05 - Intellectual (learning difficulties); retardation <input type="checkbox"/> 06 - Emotional (behavioural / psychological) <input type="checkbox"/> 07 - Multiple disabilities <input type="checkbox"/> 09 - Disabled but unspecified <input type="checkbox"/> U - Unknown disability status
Would you like to be added to our marketing database to be informed of future news, information, product launches and special offers?		Yes <input type="checkbox"/> No <input type="checkbox"/>

## Terms & Conditions

- DITASA reserves the right to cancel scheduled sessions if there is insufficient demand in a region, and will endeavour to give the candidate reasonable notice of cancellation
- DITASA is not responsible for any delays that may occur in the issuing of the final certificates by the relevant ETQA
- The learner commits to adhere to specific deadline requirements as set by DITASA
- DITASA will maintain confidentiality of all personal data that the learner includes in this application

I declare that the information provided is a true and accurate account of the facts and I have read, understand and agree to all the terms and conditions.

Thus agreed and signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2011.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please e-mail completed document to [craig@ditasa.co.za](mailto:craig@ditasa.co.za) or fax to 086 577 5469.