

## AET LEARNER ENROLMENT FORM

<b>SECTION 1</b>	<b>COMPANY DETAILS</b>		
Company Name			
Levy Number	L Number: _____		
SDF Name	T Number: _____		
SDF Contact Details	Telephone No		Cellphone No.
SDF e-mail address			

<b>SECTION 2</b>	<b>LEARNER DETAILS</b>		
Title			
Full Names			
Surname			
ID Number			
Date of Birth			
Nationality			
Gender	Male		Female
Race			
Disability?	Yes		No
If Yes, then Specify			
Contact Details	Telephone No.		Cellphone No.
Email address			
Physical Address			
Postal Code			
Municipality			
Province			

## AET LEARNER ENROLMENT FORM

Highest Qualification				
Name of your institution/school Year of qualification				
POPI Act status: (i.e. does learner agree for personal information to be utilised for research, reporting, audit purposes etc.)	<b>YES</b>		<b>NO</b>	
Employment Status	Employed		Unemployed	

SECTION 3:	AET TRAINING	
Commencement date		
End date		
	<b>LITERACY</b>	<b>NUMERACY</b>
AET 1		
AET 2		
AET 3		
AET 4		

SECTION 4	TRAINING PROVIDER DEATAILS			
Provider Name				
Representative by				
Contact Details	Tel No.		Cell No.	
	E-MAIL ADDRESS		FAX	
	SIC CODE		SARS	



## AET LEARNER ENROLMENT FORM

<b>Registration number</b>	<b>SETA</b>		<b>SAQA/UMALUSI</b>
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**\* All above fields MUST be completed or application will be rejected. This application must be accompanied by the following documents:**

- ✦ **Certified learner ID copy**
- ✦ **Certified Highest Qualification or the Learner pre-assessment results or Preassessment script**

**We, the undersigned, hereby declare that all the above information is accurate and complete.**

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**Employer Name**

**Employer Signature**

**Date**

\_\_\_\_\_

**Learner Name**

**Learner Signature**

**Date**

\_\_\_\_\_

**Training Provider Name**

**Training Provider Signature**

**Date**



## AET LEARNER ENROLMENT FORM

### Evaluation of application (FoodBev SETA Office Use Only)

Date Received	
Received By	
Registered By	
Registration Number	
Date of Registration	
Signature	