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Company registration nr: 2000/008414/07
 ETDP SETA Accreditation Nr: ETDP10030
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 VAT Nr: 4930192895

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Mentornet

Learning Experience of Your Life...

Learner Registration & Information Form

This document and the information thereof is required by ETDP SETA for system uploads, registration and invoicing.

Kindly complete **all** the required information.

Please make sure that the details are correct and legible

MENTORNET WILL NOT BE HELD RESPONSIBLE FOR ANY SPELLING MISTAKES ON YOUR CERTIFICATE OR DOCUMENTS BEING SENT TO THE WRONG ADDRESS.

(Section A) Learner name

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
Full names <small>(as per ID/ Passport)</small>	<input type="text"/>				
Maiden name <small>(if applicable)</small>	<input type="text"/>				

(Section B) Personal information

ID number <small>(RSA citizen)</small>	<input type="text"/>						Date of Birth	Year	Month	Day			
	Passport number <small>(non-RSA citizen)</small>	<input type="text"/>						<input type="text"/>					
Nationality	<input type="text"/>						Home language	<input type="text"/>					
Email address	<input type="text"/>												
Cell number	<input type="text"/>						Office number	<input type="text"/>					
Fax number	<input type="text"/>												
Physical address	<input type="text"/>												
Municipality	<input type="text"/>						Postal code	<input type="text"/>					
Rural or urban? <small>(tick appropriate box)</small>	<input type="checkbox"/> Rural		<input type="checkbox"/> Urban				Province	<input type="text"/>					
Postal address <small>(if different from home)</small>	<input type="text"/>												
Municipality	<input type="text"/>						Postal code	<input type="text"/>					
Rural or urban? <small>(tick appropriate box)</small>	<input type="checkbox"/> Rural		<input type="checkbox"/> Urban				Province	<input type="text"/>					
Gender <small>(tick appropriate box)</small>	<input type="checkbox"/> Female		<input type="checkbox"/> Male				Equity <small>(tick appropriate)</small>	<input type="checkbox"/> African	<input type="checkbox"/> Indian	<input type="checkbox"/> Coloured	<input type="checkbox"/> White	<input type="checkbox"/> Individual	<input type="checkbox"/> Other
* Individual replaces gender and equity specifications													
Marital status	<input type="checkbox"/> Married			<input type="checkbox"/> Single			<input type="checkbox"/> Divorced			<input type="checkbox"/> Widowed			
Special needs <small>(tick appropriate box)</small>	<input type="checkbox"/> None	<input type="checkbox"/> Seeing	<input type="checkbox"/> Walking	<input type="checkbox"/> Hearing	<input type="checkbox"/> Self-care	<input type="checkbox"/> Remembering	<input type="checkbox"/> Communicating						
	<input type="text"/> Other (Please specify)												
Select relevant level:	<input type="checkbox"/> Slight difficulty				<input type="checkbox"/> Some difficulty				<input type="checkbox"/> Great difficulty or not at all				

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(Section C) Prior learning

Last school attended	<input type="text"/>	Town/ City	<input type="text"/>	Code	<input type="text"/>
Province	<input type="text"/>	Municipality	<input type="text"/>		
Highest school grade	<input type="text"/>	Year	<input type="text"/>		
Highest qualification	<input type="text"/>	Year	<input type="text"/>		

(Section D) Employment

	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed
Employer name	<input type="text"/>	
Designation (work you do?)	<input type="text"/>	

(Section E) Payment details (The details of the person/ department responsible for payment) *An invoice cannot be prepared without this information

Organisation/ company	<input type="text"/>		
Title	<input type="text"/>	Initials and Surname	<input type="text"/>
VAT number	<input type="text"/>		
Contact number	<input type="text"/>	Fax number	<input type="text"/>
Email address	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>

(Section F) Course details

Short course/ Qualification (Tick appropriate box)	<input type="checkbox"/> Short course/s	<input type="checkbox"/> Qualification/s	SAQA number/s	<input type="text"/>
Qualification to attend?	<input type="text"/>			
Learning Method (Tick appropriate box)	<input type="checkbox"/> Contact learning	<input type="checkbox"/> Distance learning	<input type="checkbox"/> Blended learning	<input type="checkbox"/> Online learning
Contact learning - Attending physical class at Mentornet or In-home Distance learning - Send hardcopies of the material and complete and submit at own pace Blended learning - Online with guidance and support of a facilitator through video calls Online - Complete the training online at your own pace				

(Section G) Application

Complete the learner registration and information form and send via-

Email: contact@mentornet.co.za

Fax: 012 653 7030

Deliver: 308 Piet Hugo Street, Wierda Park, Centurion, 0157

IMPORTANT! Please include copies of the following documents:

- * Certified copy of ID
- * Certified copy of Highest Qualification
- * Statement of results (If any previous unit standards based learning was successfully completed with another provider)

Signature	<input type="text"/>	Date or Enrolment	<input type="text"/> Year	<input type="text"/> Month	<input type="text"/> Day
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