Company registration nr: 2000/008414/07
ETDP SETA Accreditation Nr: ETDP10030
QCTO Accreditation nr: SDP1220/17/00322-532
National Tresury CSD nr: MAAA0091344
VAT Nr: 4930192895

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Fax: +27 12 653 7030
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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		Initials		Surname	
Full names (as per ID/ Passport)					
Maiden name (if applicable)					

(Section B) Personal information

ID number (RSA citizen)			Date of Birth	Year / Month / Day	
Passport number (non-RSA citizen)					
Nationality			Home language		
Email address					
Cell number			Office number		
Fax number					
Physical address					
Municipality			Postal code		
Rural or urban? (tick appropriate box)	☐ Rural	☐ Urban	Province		
Postal address (if different from home)					
Municipality			Postal code		
Rural or urban? (tick appropriate box)	☐ Rural	☐ Urban	Province		
Gender (tick appropriate box)	☐ Female	☐ Male	Equity (tick appropriate)	○ African ○ Indian ○ Coloured ○ White ○ Individual ○ Other	

* Individual replaces gender and equity specifications

Marital status	☐ Married	☐ Single	☐ Divorced	☐ Widowed		
Special needs (tick appropriate box)	☐ None	☐ Seeing	☐ Walking	☐ Hearing	☐ Self-care	☐ Remembering	☐ Communicating
	Other (Please specify)						
Select relevant level:	○ Slight difficulty	○ Some difficulty	○ Great difficulty or not at all				

(Section C) Prior learning

Last school attended		Town/ City		Code	
Province		Municipality			
Highest school grade		Year			
Highest qualification		Year			

(Section D) Employment

	◯ Employed	◯ Unemployed
Employer name		
Designation (work you do?)		

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

Organisation/ company			
Title		Initials and Surname	
VAT number			
Contact number		Fax number	
Email address			
Postal address			
		Code	

(Section F) Course details

Short course/ Qualification (Tick appropriate box)	◯ Short course/s	◯ Qualification/s	SAQA number/s	
Qualification to attend?				
Learning Method (Tick appropriate box)	◯ Contact learning	◯ Distance learning	◯ Blended learning	◯ Online learning

Contact learning - Attending phisical class at Mentornet or In-home
Distance learning - Send hardcopies of the material and complete and submit at own pace
Blended learning - Online with guidence and support of a facilitator through video calls
Online - Complete the training online at your own pace

(Section G) Application

Complete the learner registarion 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)

Signture		Date or Enrolment	Year	Month	Day