



LGSETA
CREATING GREATER IMPACT

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MUNICIPAL LEADERS MEDIA AND STAKEHOLDER ENGAGEMENT PROGRAMME

LEARNER ENROLMENT FORM

1. Complete In Black Pen Only
2. Attach all relevant documentation as per the checklist
3. Complete One Form Per Intervention Per Learner

Type of Learning Programme

Skills Programme (Unit Standard Based)		Complete Section A To E & G
Skills Programme (Non-PIVOTAL – not Unit Standard Based)		Complete Section A To E
Adult Education Training (AET)		Complete Section A To E & H
Recognition Of Prior Learning (RPL)		Complete Section A To E
Internship		Complete Section A To D & F
Work Integrated Learning (WIL)		Complete Section A To D & F
Bursaries		Complete Section A To D & F

Section A : Learner Details

First Name					
Surname					
ID Number					
Date Of Birth					
Age					
Equity	<input type="checkbox"/> African	<input type="checkbox"/> Indian	<input type="checkbox"/> Coloured	<input type="checkbox"/> White	<input type="checkbox"/> Other (Specify)
Nationality					
Disability (Specify The Nature Of The Disability If Applicable)					
Gender	<input type="checkbox"/> Male				<input type="checkbox"/> Female
Citizen Status	<input type="checkbox"/> South Africa	<input type="checkbox"/> Other	<input type="checkbox"/> Dual (Sa Plus Other)		
Physical Address					
Postal Address					

Province:			
<input type="checkbox"/> Gauteng	<input type="checkbox"/> Mpumalanga	<input type="checkbox"/> Free State	
<input type="checkbox"/> Western Cape	<input type="checkbox"/> North West	<input type="checkbox"/> Eastern Cape	
<input type="checkbox"/> KwaZulu-Natal	<input type="checkbox"/> Limpopo	<input type="checkbox"/> Northern Cape	
Municipality:		Area:	
<input type="checkbox"/> Urban		<input type="checkbox"/> Rural	
Tel Number		Fax Number:	
Cell Number			
Email Address			
Name of Programme Entering (<i>i.e. Qualification Name</i>)			
Commencement Date:	Refer to the Funding Agreement commencement date		
Termination Date:	Refer to the Funding Agreement termination date		
Highest Grade Completed (<i>e.g. Grade 10, 11, 12</i>)			
Title Of Highest Qualification and Level			
Additional Amount Paid By Company (<i>If Applicable</i>):			

Section B: Parent or Guardian Details

(to be completed if learner is a minor – i.e under 18 years)

First Name	
Surname	
ID Number	
Physical Address	
Postal Address	
Contact Number	
Email Address	

Learner Declaration

(Please Note That The Guardian Signature Is Required If The Learner Is Under 18 Years)

- I Declare To The Best Of My Knowledge That All Information On This Form Is True And Correct And I Understand That If It Is Not, I May Be Eliminated From Consideration In The Selection Process. If After Being Granted A Bursary, Any Falsehoods Or Omissions Are Discovered In My Application, I Understand That My Bursary Grant May Be Terminated.
- I Undertake To Avail Myself For Participation In All Structured Learning, Practical Workplace Experience And Assessment Activities Required By The Bursary Scheme.
- I Indemnify The LGSETA And Its Officials Against Any Claim For Illness Or Accidental Injury Sustained By Me In The Workplace And During Operations In The Attainment Of The Bursary Scheme Objectives.

Name And Surname Of Learner			
Signature Of Learner:	<input type="text"/>	Date:	<input type="text"/>
Name And Surname Of Parent Or Guardian			
Parent Of Guardian's Signature :	<i>(Only Applicable If The Learner Is A Minor)</i>		

Section C: Lead Entity

Name Of Entity: South African Local Government Association (SALGA)			
Skills Development Levy Number (SDL) or Registration Number:			
SIC Code:	<input type="text"/>	SETA You Aligned To:	<input type="text" value="LGSETA"/>
Physical Address: Menlyn Corporate Park, Block B , 175 Corobay Avenue			
Cnr Garsfontein and Corobay Waterkloof Glen ext11, PRETORIA			
Designated Person's Name and Surname: Mr. Rio Nolutshungu			
Designation: Executive Director: Municipal Institutional Development			
Tel Number	0123698000	Fax Number:	0123698001
Email Address	rnolutshungu@salga.org.za		
Signature :		Date :	

Section D: Host Employer

Name Of Entity:			
Skills Development Levy Number (SDL) or Registration Number:			
SIC Code:	<input type="text"/>	SETA You Aligned To:	<input type="text"/>
Physical Address:			
Designated Person's Name and Surname:			
Designation:			
Tel Number	<input type="text"/>	Fax Number:	<input type="text"/>
Email Address			
Signature:	<input type="text"/>	Date:	<input type="text"/>

Section E: Skills Development Provider

Name Of Training Institute			
Accreditation Number			
Qualification Name			
Registration Number			
NQF Level			
<input type="checkbox"/> Private	<input type="checkbox"/> / Public	<input type="checkbox"/> TVET	<input type="checkbox"/> / HET
			<input type="checkbox"/> / UOT

Physical Address			
Designated Person's Name and Surname			
Designation			
Tel Number		Fax Number:	
Email Address			
Signature:		Date:	

Section F: Institution Where Qualification Was/ Is Attained

Name Of Learning Institution			
Qualification Name			
NQF Level			
Provider	<input type="checkbox"/> Private	<input type="checkbox"/> / Public	<input type="checkbox"/> TVET <input type="checkbox"/> / HET <input type="checkbox"/> / UOT
Physical Address			
Designated Person's Name and Surname			
Designation			
Tel Number		Fax Number:	
Email Address			

Section G: Complete Unit Standard Details

Unit Standard Description	Unit Standard Number	Credits	LGSETA Unit Standard Y/N

Section H: Complete Numeracy And Literacy Details

Numeracy Level	Literacy Level	Other