

ASSESSOR INFORMATION FORM

Equity Code (Tick the appropriate block)	B A	Black: African	U	Unknown		
	B C	Black: Coloured	W h	White		
	B I	Black: Indian / Asian				
Nationality Code (Tick the appropriate block)	U	Unspecified	M A U	Mauritius		
	S A	South Africa	T A N	Tanzania		
	S D C	SADC except SA	S E Y	Seychelles		
	N A M	Namibia	Z A I	Zaire		
	B O T	Botswana	R O A	Rest of Africa		
	Z I M	Zimbabwe	E U R	European Countries		
	A N G	Angola	A I S	Asian Countries		
	M O Z	Mozambique	N O R	North American Countries		
	L E S	Lesotho	S O U	Central & South American		
	S W A	Swaziland	A U S	Australia & New Zealand		
	M A L	Malawi	O O C	Other & Rest of Oceania		
Z A M	Zambia	N O T	N / A: Institution			
Gender Code (Tick block)	M	Male	F	Female	U	Unknown
Citizen Resident Status Code (Tick the appropriate block)	U	Unknown	D	Dual (SA plus other)		
	S A	South Africa	P R	Permanent Resident		
	O	Other				
Home Language Code (Tick the appropriate block)	E N G	English	T S H	tshiVenda		
	A F R	Afrikaans	U	Unknown		
	O T H	Other	X H O	isiXhosa		
	S E P	sePedi/ Northern Sotho	X I T	xiTsonga		
	S E S	seSotho	Z U L	isiZulu		
	S E T	seTswana	N D E	isiNdebele		
	S W A	siSwati				
Disability Status Code (Tick the appropriate block)	N	None	0 6	Emotional (psychological)		
	0 1	Sight (even with glasses)	0 7	Multiple		
	0 2	Hearing (even with aid)	0 9	Unspecified disabled		
	0 3	Communicating (talk & listen)	U	Unknown disability status		
	0 4	Physical (moving/ standing)				
Province Code (Tick the appropriate block)	U	Undefined	5	Kwazulu Natal		
	1	Western Cape	6	North West		
	2	Eastern cape	7	Gauteng		
	3	Northern Cape	8	Mpumalanga		
	4	Free State	9	Limpopo		

INFORMATION TO BE COMPLETED BY PROVIDER

Provider ETQA ID															
Name of Institution Principal															
Provider Class ID (Tick the appropriate block)	1	Unknown	4	Public	7	NGO/ CBO									
	3	Foreign	5	Private	8	Mixed 4&5									
Period of registration	One year registration					Three year registration									

INFORMATION TO BE COMPLETED BY PAB

Assessor Achievement Status	Assessor Registration Nr
	Registration Start Date
	Registration End Date

Signature of Principal		PAB OFFICE	DUE: RECEIVED: SIGNATURE:
Signature of Assessor			