



## PROFESSIONAL ACCREDITATION BODY

### LEARNER REGISTRATION FORM

This form is aligned SAQA specifications. The Purpose is to obtain basic learner information for registration. Providers are required to pay a fee of R387.00 per annum for Learners enrolled for qualifications / R182.00 for Learners enrolled for short courses. Forms should be completed and returned to PAB

<b>National ID</b>	~ ~																
<b>Alternative ID</b>																	
<b>Alternative ID Type</b> (Tick the appropriate block)	5	2	1	SAQA Member ID	5	3	7	Student Number									
	5	2	7	Passport Number	5	3	8	Work permit Number									
	5	2	9	Driver's License	5	3	9	Employee Number									
	5	3	1	Temporary ID Number	5	4	0	Birth Certificate Number									
	5	3	3	None	5	4	1	HSRC Register Number									
	5	3	5	Unknown	5	6	1	ETQA Record Number									
<b>Learner Last Name</b> Please use one letter per block																	
<b>Learner Maiden Name</b> Please use one letter per block																	
<b>Learner First Name</b>																	
<b>Learner Middle Name</b>																	
<b>Learner Title</b>							<b>Learner Birth Date</b>										
										Y	Y	Y	Y	M	M	D	D
<b>Learner Home Address</b>																	
										CODE							
<b>Learner Postal Address</b>																	
										CODE							
<b>Learner Phone Number</b>	( A R E A C O D E )																
<b>Learner Cellular Number</b>																	
<b>Learner Fax Number</b>	( A R E A C O D E )																
<b>Learner e-mail Address</b>																	
<b>Equity Code</b> (Tick the appropriate block)	B	A	Black: African				U	Unknown									
	B	C	Black: Colored				W	h	White								
	B	I	Black: Indian / Asian														
<b>Nationality Code</b> (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							
<b>Gender Code</b> (Tick block)	M	Male			F	Female			U	Unknown							
<b>Citizen Resident Status Code</b> (Tick the appropriate block)	U	Unknown				D	Dual (SA plus other)										
	S	A	South Africa				P	R	Permanent Resident								
	O	Other															



## LEARNER INFORMATION FORM

<b>Home Language Code</b> (Tick the appropriate block)	<b>E N G</b>	English	<b>T S H</b>	tshiVenda
	<b>A F R</b>	Afrikaans	<b>U</b>	Unknown
	<b>O T H</b>	Other	<b>X H O</b>	isiXhosa
	<b>S E P</b>	sePedi/ Northern Sotho	<b>X I T</b>	xiTsonga
	<b>S E S</b>	seSotho	<b>Z U L</b>	isiZulu
	<b>S E T</b>	seTswana	<b>N D E</b>	isiNdebele
	<b>S W A</b>	siSwati		
<b>Socio-economic Status code</b> (Tick the appropriate block)	<b>U</b>	Unspecified	<b>0 7</b>	Unemployed, pension/ retired
	<b>0 1</b>	Employed	<b>0 8</b>	Unemployed, disabled
	<b>0 2</b>	Unemployed, looking for work	<b>0 9</b>	Unemployed, don't want to
	<b>0 3</b>	Unemployed, not looking	<b>1 0</b>	Unemployed, none of above
	<b>0 4</b>	Unemployed, homemaker	<b>9 7</b>	N/ A: Aged under 15
	<b>0 6</b>	Unemployed, full time student	<b>9 8</b>	N/ A: Institution
<b>Disability Status Code</b> (Tick the appropriate block)	<b>N</b>	None	<b>0 6</b>	Emotional (psychological)
	<b>0 1</b>	Sight (even with glasses)	<b>0 7</b>	Multiple
	<b>0 2</b>	Hearing (even with aid)	<b>0 9</b>	Unspecified disabled
	<b>0 3</b>	Communicating (talk & listen)	<b>U</b>	Unknown disability status
	<b>0 4</b>	Physical (moving/ standing)		
<b>Province Code</b> (Tick the appropriate block)	<b>U</b>	Undefined	<b>5</b>	Kwazulu Natal
	<b>1</b>	Western Cape	<b>6</b>	North West
	<b>2</b>	Eastern cape	<b>7</b>	Gauteng
	<b>3</b>	Northern Cape	<b>8</b>	Mpumalanga
	<b>4</b>	Free State	<b>9</b>	Limpopo

I \_\_\_\_\_ here by confirm that all the above information is correct.

Signature of Learner \_\_\_\_\_

Date Signed: \_\_\_\_\_



**INFORMATION TO BE COMPLETED BY PROVIDER**

<b>Provider Name</b>	P R O V I D E R I N S T I T U T I O N N A M E											
<b>Name of Institution Principal</b>												
<b>Provider Class ID</b> (Tick the appropriate block)	1	Unknown	4	Public	7	NGO/CBO						
	3	Foreign	5	Private	8	Mixed 4&5						
<b>Learner Achievement Status</b> (Tick the appropriate block)	1	Unknown	4	De-enrolled								
	2	Achieved	5	Re-enrolled								
	3	Enrolled	6	Other								

<b>Highest Qualification</b>												
<b>Qualifications enrolled for</b> (Tick the appropriate block)	SAAHSP Diploma: Health and Skincare Therapy											
	CIDESCO Diploma: Health and Skincare Therapy											
	ITEC Diploma: Health and Skincare Therapy											
	CIBTAC Diploma: Health and Skincare Therapy											
	Aromatherapy Certificate											
	Reflexology Certificate											
<b>Short Courses enrolled for</b> (Tick the appropriate block)	Skincare & Eye Treatments						Science for Health & Skincare Therapy					
	Make up						Bleaching					
	Manicure & Pedicure						Psychology for Health & Skincare					
	Waxing						Body Alignment & Movement					
	Communication & Image Projection						Reflexology					
	Facial Electrical Treatments						Aromatherapy					
	Anatomy & Physiology						Electrolysis					
	Nutrition						(Other - Please specify)					
	Hygiene & Sterilization						(Other - Please specify)					

<b>Registration Year:</b>	<b>First Year</b>	<b>Second Year</b>	<b>Third Year</b>	<b>Fourth Year</b>

**INFORMATION TO BE COMPLETED BY PROVIDER**

**This section only to be filled in, if a student transferred**

<b>Provider Name</b>	P R O V I D E R I N S T I T U T I O N N A M E											
<b>Contact number:</b>												

<b>Registration Year:</b>	<b>First Year</b>	<b>Second Year</b>	<b>Third Year</b>	<b>Fourth Year</b>

**Provider Confirmation and Signature**

I \_\_\_\_\_ here by confirm that all the above information is correct.

Signature of Principal \_\_\_\_\_

**PAB OFFICE INFORMATION**

This section to be filled in by PAB staff.

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Date Received:

Date Captured:



**Student Registration History**

Previous Registration	First Year	Second Year	Third Year	Fourth Year
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<b>Qualifications enrolled for</b> (Tick the appropriate block)	SAAHSP Diploma: Health and Skincare Therapy		
	CIDESCO Diploma: Health and Skincare Therapy		
	ITEC Diploma: Health and Skincare Therapy		
	CIBTAC Diploma: Health and Skincare Therapy		
	Aromatherapy Certificate		
	Reflexology Certificate		
	Other Health and Skincare Diploma		
<b>Short Courses enrolled for</b> (Tick the appropriate block)	Skincare & Eye Treatments		Science for Health & Skincare Therapy
	Make up		Bleaching
	Manicure & Pedicure		Psychology for Health & Skincare
	Waxing		Body Alignment & Movement
	Communication & Image Projection		Reflexology
	Facial Electrical Treatments		Aromatherapy
	Anatomy & Physiology		Electrolysis
	Nutrition		(Other - Please specify)
	Hygiene & Sterilization		(Other - Please specify)

PAB Signature: \_\_\_\_\_