

MODERATOR 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	<input type="checkbox"/> One year registration					<input type="checkbox"/> Three year registration									

INFORMATION TO BE COMPLETED BY PAB

Moderator Achievement Status	Moderator Registration Nr
	Registration Start Date
	Registration End Date

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