

KZN / WESTERN CAPE ASSESSOR TRAINING REGISTRATION FORM

Please complete the registration form and email to the Inseta Call Centre
Email: insetacallcentre@inseta.org.za
Telephonic Enquiries: 086 113 0013

REGISTRATION CLOSING ON THE 13TH MAY 2011

PERSONAL DETAILS						
Title	Prof/Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	
Full Name/s						
Surname						
Population Group	<input type="checkbox"/> African <input type="checkbox"/> White <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> Asian					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No		
South African Citizen	<input type="checkbox"/> Yes – South African Identification Number					
	<input type="checkbox"/> No – Passport Number					
Region	KwaZulu - Natal <input type="checkbox"/>			Western Cape <input type="checkbox"/>		
Designation				Are you a registered SDF?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tel	()		Fax	()		
Cell	()		Email			
Postal Address						
Special dietary requirements	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Kosher <input type="checkbox"/> Halaal <input type="checkbox"/> Vegetarian					
ORGANISATIONAL DETAILS						
Organisation Name						
Organisation Registration Number (SDL) or Other (Compulsory)						
Details of person to whom you report in your organisation:						
Full Name						
E-mail				Fax	()	
Is the organisation an Inseta member (registered levy payer or non-levy payer)				<input type="checkbox"/> Yes <input type="checkbox"/> No		

If yes, are you:	<input type="checkbox"/> Levy paying <input type="checkbox"/> Non-levy paying			
If No, please specify your constituency:	<input type="checkbox"/> Professional Body <input type="checkbox"/> Educational Institution <input type="checkbox"/> Non-Inseta member & non-levy payer (SDL exempt) <input type="checkbox"/> <input type="checkbox"/> Non-Inseta member & levy payer (SDL eligible) <input type="checkbox"/> <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed <input type="checkbox"/> NGO/CBO			
	EDUCATION DETAILS			
	Please tick the appropriate box and complete details required			
	Senior Certificate		Details	
	University Degree		Details	
Other Qualifications		Details		
<i>Please attach a copy of your CV, providing details of your employment record and qualifications obtained thus far.</i>				
Curriculum Vitae Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No		

APPLICANT UNDERTAKING:

- I have read, and understand the requirements stipulated in the event notification document outlining the criteria that need to be met in order for an applicant to be eligible to attend this funded training.
- I certify that the information provided in this form and all supporting documentation is accurate and complete.
- On completion of training, I undertake to register with the Inseta ETQA as a constituent assessor.

Applicant Signature: _____

Date: _____

Please note:

- Only successful applicants will receive notification of acceptance to undergo training. If you have not received notification of acceptance **30** days after the closing date consider your application unsuccessful.
- The dates and times of training delivery are subject to alteration at the discretion of Inseta.