

ETDP-SETA Accreditation Number: ETDP10512  
SACE Provider Number: PR10690  
QCTOSDP01190305-1575

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## Registration & Learner Information Form

Registration and Learner Information Form for the qualification:  
Occupational Certificate – Early Childhood Development Practitioner (97542) NQF Level 4, 131 credits  
The following information is required by the QCTO and SAQA for statistical purposes and workplace skills planning purposes.  
**Kindly complete ALL the required information.**

### 1 Name of Student

Title	<input type="text"/>	Surname	<input type="text"/>
Full names <i>(as per ID or Passport)</i>	<input type="text"/>		
Maiden name <i>(if applicable)</i>	<input type="text"/>		

### 2 Personal Details

ID number <i>(if RSA citizen)</i>	<input type="text"/>	Birth date	<input type="text"/>	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>			
Passport number <i>(if non-RSA citizen)</i>	<input type="text"/>											
Citizen resident status	<input type="text"/>											
Nationality	<input type="text"/>	Birth date	<input type="text"/>	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>			
Email address	<input type="text"/>											
Cell number	<input type="text"/>	Additional cell number	<input type="text"/>									
Fax number	<input type="text"/>	Home language	<input type="text"/>									
Physical address	<input type="text"/>											
	<input type="text"/>	Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Is your physical address in a rural or urban area?	<input type="text"/>	<input type="text"/>	Province <i>(your physical address)</i>	<input type="text"/>								
Postal address <i>(If different from home address)</i>	<input type="text"/>											
	<input type="text"/>	Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Is your postal address in a rural or urban area?	<input type="text"/>	<input type="text"/>	Province <i>(your postal address)</i>	<input type="text"/>								
Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Marital status	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>					
Dietary requirements:	<input type="text"/>											
Special needs <i>Please indicate relevant number: 1 = no difficulty 2 = some difficulty 3 = great difficulty</i>	Seeing	<input type="text"/>	<input type="text"/>	<input type="text"/>	Communication	<input type="text"/>	<input type="text"/>	<input type="text"/>	Remembering	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Hearing	<input type="text"/>	<input type="text"/>	<input type="text"/>	Walking	<input type="text"/>	<input type="text"/>	<input type="text"/>	Self-care	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other <i>(please specify)</i>	<input type="text"/>							<input type="text"/>	<input type="text"/>	<input type="text"/>	

### 3 Qualifications

Highest grade passed at school  School (where highest grade was achieved)  Year   
Highest qualification achieved  Institution (where qualification was obtained)  Year

### 4 Name of School *(If you are currently at school, please complete this section)*

Name of school   
Grade attending  School phone number   
Address of school

### 5 Name of Workplace *(If you are currently working, please complete this section)*

Name of workplace   
Occupation  Work phone Number   
Address of workplace   
  
Email address

### 6 Parent / Family Member/ Guardian Contact Details

Name of person  Relation   
Cell number  Work number   
Email address

### 7 Date of Intake

We have two intakes per year. Please indicate in which month and year you would like to start the programme.

Please only complete ONE option: January  Year  July  Year

### 8 Payment Options for Individuals *(If an individual is responsible for payment, please complete the section below)*

Title  Relationship to student   
Full names & surname   
Physical address   
  
Email address   
Cell number  Work number

## 9 Payment Options for Companies (If a company is responsible for payment, please complete the section below)

Company name	<input type="text"/>	VAT number	<input type="text"/>
Physical address	<input type="text"/>		
	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
Contact person <i>at Company</i>	<input type="text"/>		
Title of <i>contact person</i>	<input type="text"/>	Job title of <i>contact person</i>	<input type="text"/>
Email address <i>of contact person</i>	<input type="text"/>		
Tel number of <i>contact person</i>	<input type="text"/>	Cell number of <i>contact person</i>	<input type="text"/>

## 10 Terms and Conditions

- The deposit of **R10 000 (Ten thousand rand)** must be paid by the due date.
- The deposit is not refundable.
- Macmillan Teacher Campus reserves the right to postpone a programme until there are at least 15 delegates who have registered.
- Participants enter the premises and attend the programme at their own risk. Macmillan South Africa (Pty) Ltd, its agent/s and/or its employee/s and/or its affiliates ("Macmillan Education") shall not be liable for, and the participant/s hereby waive/s and abandon/s any claims of whatever nature including but not limited to that for theft, injury, loss or damage of whatever nature, against Macmillan Education, whether arising from the Macmillan Education's default, negligence or otherwise. The participant/s, in addition to the aforesaid, hereby indemnify Macmillan Education against any claims which may arise from whatever nature, whether arising from Macmillan Education's default, negligence or otherwise.

## 11 Payment Details (Please email proof of payment to alet.nienaber@macmillaneducation.co.za)

Bank	Nedbank	Name of account holder	Macmillan Education SA
Branch code	146905	Account number	1469078848
*Reference	ZZT 305	Account type	Cheque

*I, the undersigned, declare that all information provided herein is in full, true and correct and acknowledge that incomplete or incorrect information will result in the application being summarily rejected. I furthermore agree to my personal data being shared as required.*

Applicant signature  Date  Signature of guardian

## 12 Application

Completed Registration and Learner Information Form must be emailed to alet.nienaber@macmillaneducation.co.za

Please attach copies of the following documents:

- Certified copy of highest school grade passed
- Certified copy of qualifications achieved (certificates, diplomas)
- Certified copy of ID document
- Certified copy of proof of address
- Please note that certified documents must not be older than 3 months.