Dear learner’s, Certified Training Solutions (Pty) Ltd is a professional training private college registered with relevant SETA bodies, including the Department of Higher Education and Training (DHET) and in order for us to maintain and provide you the learner/s with the highest possible quality and training engagement we need to know as much information about yourself in order to ensure that all necessary information required by the National Learners Record Database (NLRD) is captured and recorded..

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| LEARNER INFORMATION (Section 1) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please specify the course you are Interested in: | MANAGEMENT LEGAL LIABILITY US 242668 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: |  | | | | | | | | | | | | Initials: | | | | |  | | | | | | | | | |
| First Name: |  | | | | | | | | | | | | Middle Name: | | | | |  | | | | | | | | | |
| Identity or Passport No; (Attach certified copy) |  |  | |  | |  | |  | |  | | | |  | | |  | |  | |  | |  | | |  |  |
| Title (Please tick box) | Mr | Mrs | | Me | | | Mrs | Dr | | | Prof | | | Other (Please Specify) | | | | | | | | | | | | | |
| Date of Birth: |  | | | | | | | Gender (Please tick) | | | | | | | | Male | | | | | | Female | | | | | |
| Current  Occupation: |  | | | | | | | Years in Occpation: | | | | | | | |  | | | | | | | | | | | |
| Equity (Please tick box) | African | | | | Coloured | | | | | | | Indian / Asian | | | | | | White | | | | | | Unknown | | | |
| Email  Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Geographical Location: (Please tick province box) | Gauteng Limpopo  Mpumalanga  Kwazulu Natal  Western Cape  Northern Cape  Eastern Cape  North West  Free State  Other | | | | | | | | | | | Nationality  (Please tick box) | | | | | | South African  Lesotho  Mozambique  Swaziland  Zimbabwe  Namibi  Angola  Malawi  Tanzania  Other | | | | | | | | | |
| Home  Language: (Please tick box) | Afrikaans  English  Isindebele  Sepedi  Sesotho  Setswana  Tshivenda  Swahili  Shona  Siswati  Isizulu  Other | | | | | | | | | | | Disability  Status: (Please tick box) | | | | | | Sight  Hearin  Communication  Physical  Intelectual  Emotional  Multiple  None  Other | | | | | | | | | |
| Physical Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code: | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code: | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact No: | Work: | |  | | | | | | | | | Home | | | | | |  | | | | | | | | | |
| Citizen  Status: | |  | | | | | | | | | Mobile | | | | | |  | | | | | | | | | |
| Preferred method of Communication: | Email | | | | | | | | Telephone | | | | | | | | | Not Applicable | | | | | | | | | |
| Socio Economic Status: (Please tick box) | Employeed | | | Unemployed | | | | | Student | | | | | | Looking for work | | | | | Retired | | | | | Unspecified | | |
| Highest School Qualification please attach copy) |  | | | | | | | | | | | | | | School Last Completion Date | | | | |  | | | | | | | |
| Name of School  Attended: |  | | | | | | | | | | | | | | In What Town: | | | | |  | | | | | | | |
| Province: |  | | | | | | | | | | | | | | Area Code: | | | | |  | | | | | | | |

**Please Note**

**Section 1,** to be completed by all. **Section 2,** to be completed by all. 3. Company enrolment to be completed in full.

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| TELL US WHERE YOU WORK (Section 2) (if applicable) | | | | |
| Company Name: |  | | | |
| Tel No: |  | | Fax No: |  |
| Website: |  | | Email Address: |  |
| Physical Address: |  | | | |
|  | | | |
|  | | | |
| Code: |  | Province: |  |
| Postal Address: |  | | | |
|  | | | |
| Code: |  | Province: |  |
| Company Reg No:  (if applicable) |  | | Vat Number: |  |
| Name of Person Responsible for Payments: (if applicable) | | |  | |
| Telephone No of Person Responsible for Payment: (if applicable) | | |  | |
| Email of Person Responsible for Payments: (if applicable) | | |  | |
| Tel No: |  | | Fax No: |  |
| Person Authorising of Training: (if applicable) | | | | |
| Full Name in Print |  | | Authorised  Signature: |  |
| ID Number: |  | | Date: |  |

The Learner hereby declare that the above information to my best knowledge is true and correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Learner Name and Surname: |  | Date: |  |
| ID Number: |  | Signature: |  |