

## Learner Information Form


**Pro-Active College**<sup>®</sup>

 PUBLIC SERVICES COLLEGE (Pty)Ltd  
 Company Reg No. 1993/004687/07
Course: Dates: 

|   |   |               |              |                                |                             |
|---|---|---------------|--------------|--------------------------------|-----------------------------|
| Passport \ RSA ID Number:   |   | ID Type:      |              | Gender:                        |                             |
| Birthdate:  |   | Day:          | Month:       | Year:                          | Socio-Economic Status Code: |
| Nationality Code:   |   |               |              | Citizen Resident Status:       |                             |
| Home language Code:   |   |               |              | Home Province:                 |                             |
| Disability Status Code:   |   |               |              | Highest School Grade Achieved: |                             |
| Equity Code   |   |               |              |                                |                             |
| Learner Title (Mr/Ms/Dr/Prof):  |   |               |              | Learner Initials:              |                             |
| Learner Full Names:<br><i>(spelling and order as per ID document)</i>   |   |               |              |                                |                             |
| Learner Surname:  |   |               |              |                                |                             |
| <b>ONLINE LEARNERS</b>  | Full Address where the learner manual and POE must be couriered to: |               |              |                                |                             |
|   | To which email address must we send the Zoom link?                  |               |              |                                |                             |
| Name of last high school attended:  |   |               |              | Year                           |                             |
| Town/Area of last school:   |   |               |              |                                |                             |
| Learner Street Address  |   | Street        |              |                                |                             |
|   |   | Suburb        |              |                                |                             |
|   |   | City/Town:    | Postal Code: |                                |                             |
| Learner Postal Address  |   | Postal Line 1 |              |                                |                             |
|   |   | Postal Line 2 |              |                                |                             |
|   |   | Postal Line 3 | Postal Code: |                                |                             |
| Work Phone Number:  |   |               |              | Fax number:                    |                             |
| Cell Phone Number:  |   |               |              |                                |                             |
| Email Address:<br><small>To communicate results &amp; feedback</small>  |   |               |              |                                |                             |
| Employer name:  |   |               |              | Division:                      |                             |
| Learner Position/<br>Job Title:   |   |               |              | Years in Current Occupation:   |                             |
| Do you want to receive email updates of future training events and new developments?  |   |               |              | Yes                            | No                          |
| May we use photos taken during the training for marketing purposes and social media?  |   |               |              | Yes                            | No                          |
| <ul style="list-style-type: none"> <li>I declare that the above information is true, correct and complete. I understand that the information provided will appear on my certificate and should the information prove to be incorrect, a fee will be charged for the reprint of any erroneous certificates issued.</li> <li>In line with the Protection of Personal Information (POPI) Act (No 4 of 2013), Pro-Active Public Services College declares that the institution is required to supply student information to regulatory bodies (for example SETAs, QCTO, DHET; and will not distribute student data to any party other than that required by law or regulation.</li> </ul> |   |               |              |                                |                             |

Learner Signature

Date:

Please email fully completed form and copy of ID to: [register@pscollege.co.za](mailto:register@pscollege.co.za)

# Learner Code of Conduct

At Pro-Active College we strive to make every learning opportunity a positive experience. To this end we always expect our personnel and learners to behave in a professional and respectful manner.

**Learners should:**

1. Arrive on time for all contact sessions
2. Complete the required paperwork accurately and in full.
3. Inform Pro-Active College, in writing, of any changes in personal contact details in order to receive follow-up communication and results.
4. Commit themselves to their learning programme/workshop and their own development.
5. Attend every contact session or notify their facilitator if they are unable to attend a contact session.
6. Submit a medical certificate to Pro-Active College if they were absent during the course of their learning programme/workshop.
7. Dress in a neat and appropriate style when attending contact sessions.
8. Follow any reasonable instruction from the facilitator and other Pro-Active College personnel.
9. Behave orderly and responsibly when attending a Pro-Active College course.
10. Show respect and care for Pro-Active College property and only use equipment when authorised.
11. Participate in group work and mutually support one another to achieve learning goals.
12. Be friendly, courteous and respectful toward other learners and Pro-Active College personnel.
13. Park in designated areas only, at the vehicle owner's own risk. (Be mindful of the allocated disabled parking spaces.)
14. Responsibly use all learning material as received from Pro-Active College.
15. Abide by copyright regulations and use the learning material as received from Pro-Active College for their own learning purposes only. No part of the learning material may be reproduced, distributed, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of the publisher; Pro-Active Publishing a division of Pro-Active Public Services College (Pty) Ltd.
16. Complete all assignments (in class and self-study) within the agreed upon times to gain maximum benefit of the learning experience.
17. Accept responsibility to complete and submit their Portfolio of Evidence on the agreed upon submission date.
18. Submit original work and adequately reference any and all sources used.
19. Only smoke in designated smoking areas

**Misconduct:**

All Pro-Active College personnel and learners share in the responsibility of ensuring that our expectations of learner conduct are achieved. Should a learner observe inappropriate behaviour, it is the learner's responsibility to politely and respectfully reprimand such behaviour. Should the severity necessitate it, inappropriate behaviour should be reported to the facilitator.

Pro-Active College retains the right to report misconduct to learners' organisations/sponsors and to initiate disciplinary action against learners.

**Statement of Commitment**

As a learner of Pro-Active College, I commit to adhere to the Learner Code of Conduct as stipulated above.

|  |  |              |  |
|--|--|--------------|--|
| <b>Course name:</b>                      |  |              |  |
| <b>Course date:</b>                      |  |              |  |
| <b>Learner Full names &amp; Surname:</b> |  |              |  |
| <b>Learner Signature</b>                 |  | <b>Date:</b> |  |