

# QCTO Registration Form (SP only)

Programme details			
Skills Programme Title			
Date			
SAQA ID			
Amount			
Learner information			
Title			
First Name(s)			
Surname			
ID number	**Please attach certified copy of ID		
Highest Qualification	**Please attach certified copy of Highest Qualification		
Job Title			
Cell			
Email			
Home Address		Code	
Postal Address		Code	

Gender	Equity Code	Citizen Status Code	Immigration Status
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> BA = Black African <input type="checkbox"/> BC = Coloured <input type="checkbox"/> BI = Indian/Asian <input type="checkbox"/> WH = White <input type="checkbox"/> Oth = Other	<input type="checkbox"/> SA = South Africa <input type="checkbox"/> O = Other <input type="checkbox"/> D = Dual (SA plus other) <input type="checkbox"/> PR = Permanent Resident <input type="checkbox"/> U = Unknown	<input type="checkbox"/> 01 = Immigrant <input type="checkbox"/> 02 = Refugee <input type="checkbox"/> 03 = SA Citizen

Home Language	Nationality Code
<input type="checkbox"/> Eng = English <input type="checkbox"/> Afr = Afrikaans <input type="checkbox"/> Oth = Other <input type="checkbox"/> SASL = South African Sign Language <input type="checkbox"/> Sep = sePedi [also known as Northern Sotho] <input type="checkbox"/> Ses = seSotho <input type="checkbox"/> Set = seTswana <input type="checkbox"/> Swa = siSwati <input type="checkbox"/> Tsh = tshiVenda <input type="checkbox"/> Xho = isiXhosa <input type="checkbox"/> Xit = xiTsonga <input type="checkbox"/> Zul = isiZulu <input type="checkbox"/> Nde = isiNdebele	<input type="checkbox"/> U = Unspecified <input type="checkbox"/> SA = South Africa <input type="checkbox"/> SDC = SADC except SA <input type="checkbox"/> NAM = Namibia <input type="checkbox"/> BOT = Botswana <input type="checkbox"/> ZIM = Zimbabwe <input type="checkbox"/> ANG = Angola <input type="checkbox"/> MOZ = Mozambique <input type="checkbox"/> LES = Lesotho <input type="checkbox"/> SWA = Swaziland <input type="checkbox"/> MAL = Malawi <input type="checkbox"/> ZAM = Zambia <input type="checkbox"/> MAU = Mauritius <input type="checkbox"/> TAN = Tanzania <input type="checkbox"/> SEY = Seychelles <input type="checkbox"/> ZAI = Zaire <input type="checkbox"/> ROA = Rest of Africa <input type="checkbox"/> EUR = European countries <input type="checkbox"/> AIS = Asian countries <input type="checkbox"/> NOR = North American countries <input type="checkbox"/> SOU = Central and South American countries <input type="checkbox"/> AUS = Australia Oceania countries

Disability Code	Disability Rating	Social Economic Code
<input type="checkbox"/> N None <input type="checkbox"/> 01 Sight <input type="checkbox"/> 02 Hearing <input type="checkbox"/> 03 Communication <input type="checkbox"/> 04 Physical <input type="checkbox"/> 05 Intellectual <input type="checkbox"/> 06 Emotional <input type="checkbox"/> 07 Multiple <input type="checkbox"/> 09 Disabled but	<input type="checkbox"/> 01= No difficulty <input type="checkbox"/> 02 = Some difficulty <input type="checkbox"/> 03 = A lot of difficulty <input type="checkbox"/> 04 = Cannot do at all <input type="checkbox"/> 06 = Cannot yet be determined <input type="checkbox"/> 60 = May be part of multiple difficulties <input type="checkbox"/> 70 = May have difficulty <input type="checkbox"/> 80 = Former difficulty - none now	<input type="checkbox"/> 01 =Employed <input type="checkbox"/> 02 =Unemployed, looking for work <input type="checkbox"/> 03 =Not working – not looking for work <input type="checkbox"/> 04 =Home-maker (not working) <input type="checkbox"/> 06 =Scholar/student (not working) <input type="checkbox"/> 07 =Pensioner /retired (not working) <input type="checkbox"/> 08 =Not working – disabled person <input type="checkbox"/> 09 =Not working – not wishing to work <input type="checkbox"/> 10 =Not working – Not elsewhere classified <input type="checkbox"/> 97 =N/A: Aged <15 <input type="checkbox"/> 98 =N/A: Institution <input type="checkbox"/> U Unspecified

### Organisation Responsible for Payment

Company / Organisation			
Directorate		VAT number	
Postal Address			
Order number		Email invoice to	

## Training Co-Ordinator

Name & Surname			
Email		Cell	

## Workplace Agreement details

Candidates who wish to register for this qualification, must be employed in the field as their employer needs to sign a workplace agreement.

Employer			
Physical address where you will be doing your workplace experience		Province	

## Mentor in the workplace

Mentor Name & Surname		Mentor Job Title	
Mentor Email		Mentor Cell	

## Terms and Conditions

<ol style="list-style-type: none"> <li>1. Accurately complete this form in full and in block letters.</li> <li>2. TO REGISTER: Email your fully completed form, copy of ID, highest qualification and proof of payment/government order to: <a href="mailto:register@pscollege.co.za">register@pscollege.co.za</a>. If you do not receive a receipt of registration within 24 hours, please contact us on email: <a href="mailto:register@pscollege.co.za">register@pscollege.co.za</a></li> <li>3. We accept the following methods of payments: Zapper, SnapScan, Credit card, EFT or government orders.</li> <li>4. Banking details: Pro-Active Public Services College (Pty) Ltd, Nedbank Branch: Business Pretoria (149-745) Account: 149 721 7709</li> </ol>	<ol style="list-style-type: none"> <li>5. Pro-Active College reserves the right to refuse admission where proof of payment or a government order cannot be shown.</li> <li>6. Cancellations/Postponements/Substitute learners must be done in writing (no later than 10 days before the course) to: <a href="mailto:register@pscollege.co.za">register@pscollege.co.za</a>.</li> <li>7. A cancellation fee may be applicable for costs incurred.</li> <li>8. In the case of cancellation or postponement of a course, Pro-Active College will not be liable for any incidental costs such as accommodation or travel costs that were incurred by a client in relation to the intended course.</li> <li>9. Pro-Active College reserves the right to change the presentation, content or facilitator for a course.</li> </ol>
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## APPROVAL OF PROGRAMME REGISTRATION

I, the undersigned approving authority, hereby declare that: (1) I have read and understand all the terms and conditions of this registration; (2) all the information provided in the Course Registration Form is true, correct and complete; and (3) I studied the course outline and comply with the minimum entry requirements to attend this programme (4) I have the necessary authority to approve this course registration. I further accept responsibility for full payment of the registration fee, without prejudice.

	<b>Approved by:</b>	<b>Learner:</b>
Name & Surname		
Job Title		
Signature & Date		

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 learner information to regulatory bodies (for example SETAs, QCTO, DHET; and will not distribute learner data to any party other than that required by law or regulation.