**LEARNER REGISTRATION FORM FOR EISA**

**(External Integrated Summative Assessment)**

*Please attach the following:*

* *A copy of your Identification Document (ID or driver’s license)*
* *Statement of Results (SoR) as issued by the Skills Development Provider*

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| **PERSONAL DETAILS** |
| SURNAME: |  |
| FULL NAMES: |  |
| ID NUMBER: **or** |  |
| PASSPORT NUMBER: |  |
| EMAIL: |  |
| CONTACT TEL/MOBILE: |  |
| SA CITIZEN (Yes/No): |  |
| IF NO, COUNTRY OF ORIGIN: |  |
| AGE AS AT 31 DECEMBER: |  |
| SPECIAL ASSESSMENT NEEDS: (accompanied by a medical certificate/letter, if required) |  |
| RACE: | BLACK: |  | WHITE: |  | COLOURED: |  | ASIAN: |  | OTHER: |  |
| GENDER: | MALE: |  | FEMALE: |  |
| HOME LANGUAGE: |  |
| PHYSICAL ADDRESS: |  |
| **ENTRANCE TO EXTERNAL INTEGRATED SUMMATIVE ASSESSMENT** |
| If sponsored, Name and Address of Company: |  |
| Name of SDP (Skills Development Provider): |  |
| Address of SDP (Skills Development Provider): |  |
| Statement of Results attached (either from SDP or RPL) | Yes: |  | No: |  |
| Competence in: | Knowledge: |  | Practical: |  | Workplace: |  |
|  |  |
| **DETAILS OF EXTERNAL INTEGRATED SUMMATIVE ASSESSMENT** |
| Title of Qualification: | Occupational Qualification: Compliance Officer |
| SAQA ID: | 91671 |
| Date of EISA: |  |
| Time of EISA: |  |
| Name of Assessment Centre: |  |
| Address of Assessment Centre: |  |
| Accreditation Number of Assessment Centre: | QCTO/OQAC/15/0001 |

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LEARNER SIGNATURE DATE