

# LEARNER REGISTRATION FORM



Learner Personal Information													
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Professor <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="checkbox"/>						
Last Name	First Name			Middle Names				Maiden Name					
Nationality	<input type="checkbox"/> SA - South African					<input type="checkbox"/> O - Other							
ID Type	<input type="checkbox"/> Identity Document					<input type="checkbox"/> Passport Number							
ID Number/Passport number													
Gender	<input type="checkbox"/> M - Male					<input type="checkbox"/> F - Female							
Address Details	Home Physical					Home Postal							
Address 1													
Address 2													
Address 3													
Postal Code													
Province													
Telephone Number													
Cell number													
Email Address													
Employment Details	Organisation Name					Designation							
Years Experience													
Branch													
SDL Number													
Telephone Number													
Fax Number													
Email Address													
Highest School Qualification													
Qualifications Achieved													
Equity Code	<input type="checkbox"/> BA - Black: African					<input type="checkbox"/> U - Unknown							
	<input type="checkbox"/> BI - Black: Indian / Asian					<input type="checkbox"/> WH - White							
	<input type="checkbox"/> BC - Black: Coloured												
Nationality													
Home Language													

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Disability Status	<input type="checkbox"/> N - None	<input type="checkbox"/> 05 - Intellectual (learning difficulties); retardation				
	<input type="checkbox"/> 01 - Sight (blind / partially blind even with glasses)	<input type="checkbox"/> 06 - Emotional (behavioural / psychological)				
	<input type="checkbox"/> 02 - Hearing (deaf / partially deaf even with hearing aid)	<input type="checkbox"/> 07 - Multiple disabilities				
	<input type="checkbox"/> 03 - Communication (talking, listening)	<input type="checkbox"/> 09 - Disabled but unspecified				
	<input type="checkbox"/> 04 - Physical (moving / standing / grasping)	<input type="checkbox"/> U - Unknown disability status				
ACFE Member	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Your application must be accompanied by the following certified documents	1. C.V <input type="checkbox"/> 2. Academic C.V & must include a Matric Certificate <input type="checkbox"/> 3. Recommendation letters proving relevant experience completed by Head of unit <input type="checkbox"/> 4. Copy of ID / Passport <input type="checkbox"/>					
General	Would you like to be added to our marketing database for future promotions and upcoming course offerings?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			

## Terms & Conditions

- ACFE SA reserve the right to cancel scheduled sessions if there is insufficient demand in a region, and will endeavour to give the candidate reasonable notice of cancellation
- ACFE SA is not responsible for any delays that may occur in the issuing of the final certificates by the relevant ETQA
- The learner commits to adhere to specific deadline requirements as set by ACFE SA
- ACFE SA will maintain confidentiality of all personal data that the learner includes in this application

I declare that the information provided is a true and accurate account of the facts and I have read, understand and agree to all the terms and conditions

Thus agree and signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed document to  
 DITASA (Pty) Ltd  
 Jigsaw Park, 7 Einstein Street, Highveld Techno Park, Centurion, 0169  
 Private Bag X 15, Highveld Park, 0067  
 Tel: 0861 348 272  
 Fax: 012 682 9581  
 E-mail: [helpdesk@ditasa.co.za](mailto:helpdesk@ditasa.co.za)