



Transport Education Training Authority
Heart of Skills Innovation

Learner Information Form

LEARNER DETAILS

Discretionary Grant Contract Number (if applicable)															
Intervention							Learning Programme Name								
Programme Dates		Start Date:					End Date:								
Training Provider Name															
Training Provider Accreditation Number															
Surname:															
Full Names:															
Identity Number (RSA) (Attach certified copy of ID)															
Alternate ID Number															
Alternate ID Type (X)		Passport					Refugee Permit								
Nationality															
Below 35 Years? (X)		Yes					No								
Gender (X)		Male					Female								
Equity (X)		African		Indian			Coloured			White					
Do you have a disability, as stipulated by the Employment Act 55 of 1998? (X)		Yes					No								
If yes, please specify:															
Employed: (X)		Yes					No								
If Employed Provide:		Occupation:					Number of years in occupation								
		Company Name:													
Home Address:					Postal Address (If different from Home Address)										
Postal Code:					Postal Code:										
Telephone / Cell:															
E-mail Address:															
Are you a South African Citizen? (X)					Yes					No					
Home Language (X)		Afrikaans	Zulu		Pedi		Tshwana		IsiXhosa		Other: Specify				
Highest level of highest Education attained?															
Last School Attended(If not High School, provide Primary School name)															
Last Year attended school above															
Learner Declaration and consent (X)		<input type="checkbox"/> I hereby declare the information above is true and correct <input type="checkbox"/> Furthermore, I agree that this information be utilised by TETA for reporting purposes													

Learners Signature: _____

Date: _____