

LEARNER REGISTRATION FORM

Please paste your
Photograph here

TRAINING VENUE:	
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STUDENT NUMBER:	
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STARTING DATE:	
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A NON-REFUNDABLE REGISTRATION FEE OF R 900.00 TOGETHER WITH THE 1ST MONTH'S FEE IS PAYABLE ON SUBMISSION OF THIS REGISTRATION FORM.

INSTRUCTIONS:

Please **PRINT CLEARLY** and legibly. This information is necessary to register you as a learner with SAQA and therefore must be **ACCURATE** and **CORRECT**. **ALL SECTIONS MARKED WITH *** ARE COMPULSORY FIELDS.** Please tick (v) the appropriate box.

SECTION 1: LEARNER PERSONAL DETAILS

REGISTRATION YEAR	2	0			TITLE:	Miss	Mrs	Ms	Mr	
LEARNER SURNAME *** <i>Print name clearly as in SA ID book</i>										
LEARNER FIRST NAME *** <i>Print name clearly as in SA ID book</i>										
MAIDEN SURNAME <i>(If married)</i>										
NAME YOU ARE KNOWN BY *** <i>(Preferred Name)</i>										
IDENTITY NUMBER ***										
NATIONALITY ***										
GENDER ***	M	F	HOME LANGUAGE***							
POPULATION GROUP *** <i>(SAQA Req.)</i>	African	Asian	Coloured	Indian	White	Other:				
MARITAL STATUS (SAQA Req.)	Single	Married	Divorced	Widowed	Other:					
CURRENT STATUS (SAQA Req.)	Employed	Unemployed	Student	Other:						
DISABILITY (Required by SAQA)	Yes	No	If Yes, please specify: _____							
HOW DID YOU HEAR ABOUT TLC?	Website	TLC Learner	ECD Principal	Office Inquiry	Other:					
HAVE YOU EVER REGISTERED FOR THIS COURSE BEFORE? ***	Yes	No	If Yes, Name of institution: Date of registration:							

SECTION 2: CONTACT DETAILS

PHYSICAL ADDRESS	
	City Area Code:
POSTAL ADDRESS <i>(if different from physical address)</i>	
	City Area Code:
NAME OF MUNICIPALITY	
LANDLINE NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CELL NUMBER ***	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EMAIL ADDRESS	

SECTION 3: EMPLOYER DETAILS (If applicable)

PLACE OF EMPLOYMENT					
EMPLOYER'S NAME					
PHYSICAL ADDRESS					
	City Area Code				
POSTAL ADDRESS <i>(if different from physical address)</i>					
	City Area Code				
LANDLINE NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
YOUR CURRENT POSITION IN ECD WORKPLACE	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Principal</td> <td style="width: 25%;">Teacher</td> <td style="width: 25%;">Assistant</td> <td style="width: 25%;">Other: <input type="text"/></td> </tr> </table>	Principal	Teacher	Assistant	Other: <input type="text"/>
Principal	Teacher	Assistant	Other: <input type="text"/>		

SECTION 4: PREVIOUS QUALIFICATIONS AND WORK EXPERIENCE

MATRIC CERTIFICATE	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please state highest qualification:			
MATRIC SUBJECTS PASSED	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Maths or Maths Lit.</td> <td style="width: 33%;">English Comm.</td> <td style="width: 33%;">Second Language</td> </tr> </table>	Maths or Maths Lit.	English Comm.	Second Language
Maths or Maths Lit.	English Comm.	Second Language		
ANY ECD QUALIFICATIONS	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state qualification(s) and attach these qualifications to this form			
ANY ECD WORK EXPERIENCE	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state length of experience : _____ (years/months)			

SECTION 5: TRAINING OPTIONS

NOTE: The course fees **exclude** the R 900 registration fee.

FULL QUALIFICATION (Select the correct option) –		COURSE FEES	✓
1.	FETC: ECD NQF Level 4 (SAQA ID 58761)	R 19 000	
2.	FETC: ECD NQF Level 4 for Deaf and Hard of Hearing (SAQA ID 58761)	R 19 000	
3.	HC: ECD NQF Level 5 (SAQA 23117)	R 19 000	
4.	Full time Combined (Specific Level 4 and full Level 5)	R 23 000	
5.	Diploma in Grade R Teaching (NQF Level 6) - per year PENDING REGISTRATION	R 21 000	
FUNDAMENTAL COMPONENT FOR FETC: ECD LEVEL 4 (Applicants who do not have a Matric/Senior Certificate)			
1.	English Communication	R 900	
2.	Second Language	R 900	
3.	Math. Literacy	R 900	
MANAGEMENT AND LEADERSHIP FOR ECD PRINCIPALS			
1.	Full-Time Week Weekdays (09H00-13H00): 3 days per module	R 16 800	
2.	Saturday workshops Saturdays (09H00-15H00).	R 800/workshop	

SECTION 6: PAYMENT OPTIONS

Please indicate clearly ONE of the following two payment options available by ticking the appropriate block. TLC offers the following discounts on course fees:

- 5% off the course fees if you pay the total amount upfront.
- 10% discount for returning TLC Level 4 graduates who wish to study towards the NQF Level 5 course.

PLEASE NOTE

- A non-refundable Registration Fee of **R 900.00** is payable on submission of this registration form **together with one month's fee.**
- A monthly payment option plan is available on Full Courses. Should you choose a payment option, one month's fee is payable on registration together with the registration fee.
- All payments are **due by the 7th of each month** and any discount will fall away if payments are made later than this date, or as otherwise indicated.
- Outstanding payments will result in the learner's assignment and Portfolio of Evidence **not being assessed**; and will thus impact on the learner's graduation.
- Outstanding or late submission of Portfolios of Evidence will incur a **late penalty fee of R 200 per unit standard** for an external assessor.
- **Ensure that you have read and understood the TLC Cancellation Policy (Annexure A) before signing the declaration.**

PAYMENT OPTIONS

OPTION A: 5% DISCOUNTED FEE (if course fees are paid in full at registration)	Course fees	v
FETC: ECD (NQF LEVEL 4)	R 18 050	
HC: ECD (NQF LEVEL 5)	R 18 050	
FULL TIME COURSE (Combined LEVEL 4 and 5)	R 21 850	
NAT DIPL.GRADE R (LEVEL 6) Pending	R 19 950	
MANAGEMENT FOR ECD PRINCIPALS	R 15 960	

OPTION B: MONTHLY PAYMENTS	4 mos.	v	12 mos.	v	15 mos.	v	18 mos.	v
FETC: ECD (NQF LEVEL 4)	R 4 750		R 1 584		R 1 270		N/A	
FETC: ECD (NQF LEVEL 4) Deaf Class	R 4 750		R 1 584		R 1 270		R 1 055	
HC: ECD (NQF LEVEL 5)	R 4 750		R 1 584		N/A			
DIPL.GRADE R (LEVEL 6) Pending	R 5 250		R 1 750		N/A			
FULLTIME LEVEL 4 and 5 (Combo)	R 2 091 (11 monthly payments)							
MANAGEMENT FOR ECD PRINCIPALS	R 1 530 (11 monthly payments)							

SECTION 7: FINANCIAL AGREEMENT

TLC will provide you with a monthly statement reflecting all monies received and any outstanding fees. Course fees must be paid by the 7th of each month.

Should your account be overdue, TLC reserves the right to

- a) withhold providing official transcript;
- b) withhold the awarding of any qualification;
- c) withhold future registration privileges;
- d) prohibit you from attending classes; and
- e) commence with collection and legal proceedings against you resulting in additional costs and fees.

Should you withdraw from the course, any refund will be according to TLC Cancellation Policy. By signing this financial agreement, you are acknowledging that you are solely responsible for the payment of the course fees and any other payments. You acknowledge that you fully understand and agree that regardless of any third party (e.g. your employer or parent/guardian) paying for your course fees, you are and remain personally responsible for paying any and all balances due to TLC.

SECTION 8: THIRD PERSON RESPONSIBLE FOR PAYMENT OF COURSE FEES (If applicable)

This section is to be completed by the person responsible for the payment of the course fees (e.g. parent, school principal, sponsor, etc).

FULL NAME	
NAME OF ECD CENTRE <i>(If applicable)</i>	
RELATIONSHIP TO LEARNER	
CONTACT NUMBER	
EMAIL	
SIGNATURE	
DATE	

SECTION 9: TLC BANKING DETAILS

Please make all payments in favour of:

ACCOUNT HOLDER	TEACHERS LEARNING CENTRE
ACCOUNT NUMBER	6223 2462 250
BANK	FIRST NATIONAL BANK
BANK BRANCH	THE GLEN
BANK CODE	259 605

Note:

Please use your **NAME AND SURNAME** as a reference when paying electronically or making a bank deposit.

SECTION 10: TLC HEAD OFFICE AND BRANCH CONTACT DETAILS

EDCON RETAIL ACADEMY
2 Vinton Road Ormonde 2091.
Tel: (011) 496 1262
Email: tlcoffice@telkomsa.net
www.teacherslearningcentre.co.za

SECTION 11: REGISTRATION CHECKLIST

NOTE: Before submitting this registration form, please ensure that you have attached the following mandatory documentation. Your registration will not be processed unless these are submitted. Tick the appropriate column.

1. <u>Certified</u> copy of your Identification document	
2. <u>Certified</u> copy of your Matric Certificate (if applicable) OR highest school qualification	
3. Copies of ECD certificates, workshops etc (if applicable)	
4. Two (2) passport size photographs	
5. A brief Curriculum Vitae (CV)	
6. Registration fee of R900.00 plus first month's fee if applicable (or proof of payment)	
7. Certified copy of Study Permit if you are not a South African citizen or a permanent resident	
8. Acknowledgement of receipt of Cancellation Policy	

LEARNER DECLARATION

I, _____ (Full Name)
hereby confirm that I have read and understood the above terms and conditions of this financial agreement, and by signing this document, I am agreeing to be bound by all the terms of this agreement, thereby obligating me to pay all outstanding balances that I may incur with TLC now and in the future.

LEARNER SIGNATURE

DATE

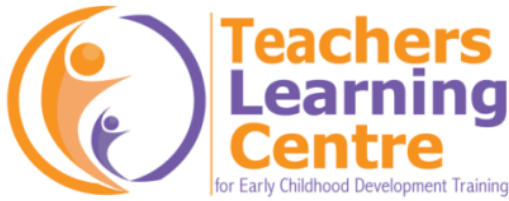
NOTE:

If you are under the age of 21, then your parent or guardian must co-sign this registration form.

NAME OF PARENT/GUARDIAN : _____

PARENT/GUARDIAN SIGNATURE

DATE



THIS SECTION IS TO BE DETACHED AND RETURNED TO LEARNER

LEARNER NAME: _____

KEEP THIS DOCUMENT IN A SAFE PLACE. It contains important information and is a reminder of your financial commitment.

1. TEACHERS LEARNING CENTRE HEAD OFFICE
ORMONDE HEAD OFFICE:

Physical Address: Edcon Retail Academy, 2 Vinton Road Ormonde, 2091.
Tel: (011) 496 1262
Email: tlcoffice@telkomsa.net
Website: www.teacherslearningcentre.co.za

2. BANKING DETAILS

ACCOUNT HOLDER	TEACHERS LEARNING CENTRE
ACCOUNT NUMBER	6223 2462 250
BANK	FIRST NATIONAL BANK
BANK BRANCH	THE GLEN
BANK CODE	259 605

Note:

Please use your NAME AND SURNAME as a reference when paying electronically, or making a bank deposit

3. PAYMENT OPTION DETAILS

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(Fill in details of payment option from Section 6 of the Registration Form)

- a) A non-refundable Registration Fee of **R 900.00 is payable** on submission of this registration form.
- b) Should you choose a payment option, **one month's fee is payable** on registration together with the registration fee.
- c) All payments are **due by the 7th of each month** and any discount will fall away if payments are made later than this date, or otherwise indicated.
- d) **Outstanding payments** will result in the learner's assignment and Portfolio of Evidence **not being assessed**; and will thus impact on the learner's graduation.
- e) **Outstanding or late submission** of Portfolios of Evidence will incur a **late penalty fee of R 200 per Unit Standard** for an external assessor.