

STUDENT 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 R1000.00 IS PAYABLE ON SUBMISSION OF THIS REGISTRATION FORM.

INSTRUCTIONS:

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

SECTION 1: STUDENT PERSONAL DETAILS

REGISTRATION YEAR	2	0			TITLE:	Miss	Mrs	Ms	Mr
STUDENT SURNAME*** <i>Print name clearly as in SA ID book</i>									
STUDENT 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 / PASSPORT NUMBER***									
DATE OF BIRTH									
NATIONALITY***									
GENDER***	M	F	HOME LANGUAGE***						
POLULATION GROUP*** <i>(Required by SAQA)</i>	African	Asian	Coloured	Indian	White	Other:			
MARITAL STATUS <i>(Required by SAQA)</i>	Single	Married	Divorced	Widowed	Other:				
CURRENT STATUS <i>(Required by SAQA)</i>	Employed		Unemployed		Student	Other:			
DISABILITY <i>(Required by SAQA)</i>	Yes	No	If Yes, please specify: _____						
HOW DID YOU HEAR ABOUT TLC?	Website	TLC Student	ECD Principal	Office Inquiry	Other:				
HAVE YOU EVER REGISTERED FOR ANY ECD COURSE PREVIOUSLY?***	Yes	No	If Yes, Name of institution						
			Date of registration:						

SECTION 2: CONTACT DETAILS											
PHYSICAL ADDRESS											
	<i>City:</i> _____ <i>Postal Code:</i> _____										
POSTAL ADDRESS <i>(if different from physical address)</i>											
	<i>City:</i> _____ <i>Postal Code:</i> _____										
NAME OF MUNICIPALITY											
LANDLINE NUMBER	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
CELL NUMBER***	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
E-MAIL ADDRESS											

SECTION 3: EMPLOYER DETAILS (if applicable)											
PLACE OF EMPLOYMENT											
NAME OF THE COMPANY / SCHOOL											
PHYSICAL ADDRESS											
	<i>City:</i> _____ <i>Postal Code:</i> _____										
POSTAL ADDRESS <i>(if different from physical address)</i>											
	<i>City:</i> _____ <i>Postal Code:</i> _____										
LANDLINE NUMBER	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
YOUR CURRENT POSITION IN ECD WORKPLACE	<table border="1"><tr><td>Principal</td><td>Teacher</td><td>Assistant</td><td>Other:</td></tr></table>	Principal	Teacher	Assistant	Other:						
Principal	Teacher	Assistant	Other:								

SECTION 4: PREVIOUS QUALIFICATIONS AND WORK EXPERIENCE							
MATRIC CERTIFICATE	<table border="1"><tr><td>Yes</td><td>No</td><td>If No, please state highest qualification:</td></tr></table>	Yes	No	If No, please state highest qualification:			
Yes	No	If No, please state highest qualification:					
NAME OF LAST SCHOOL							
LAST SCHOOL ATTENDED (ADDRESS)							
	<i>City:</i> _____ <i>Postal Code:</i> _____						
LAST SCHOOL YEAR							
MATRIC SUBJECTS PASSED	<table border="1"><tr><td>Maths or Maths Lit</td><td></td><td>English Comm.</td><td></td><td>Second Language</td><td></td></tr></table>	Maths or Maths Lit		English Comm.		Second Language	
Maths or Maths Lit		English Comm.		Second Language			
ANY ECD QUALIFICATIONS	<table border="1"><tr><td>Yes</td><td>No</td><td>If yes, state qualification(s) and attach these qualification(s) to this form.</td></tr></table>	Yes	No	If yes, state qualification(s) and attach these qualification(s) to this form.			
Yes	No	If yes, state qualification(s) and attach these qualification(s) to this form.					
ANY ECD WORK EXPERIENCE	<table border="1"><tr><td>Yes</td><td>No</td><td>If yes, please state length of experience: -----(years/months) and position:</td></tr></table>	Yes	No	If yes, please state length of experience: -----(years/months) and position:			
Yes	No	If yes, please state length of experience: -----(years/months) and position:					

SECTION 5: TRAINING OPTIONS

NOTE: The course fees **exclude** the R1000.00 registration fee.

FULL QUALIFICATION (Select the correct option) -		COURSE FEES	✓
1.	FETC: ECD NQF Level 4 (SAQA ID 58761)	R 17 000	
2.	HC: ECD NQF Level 5 (SAQA 23117)	R 17 000	
3.	Full time Combined (Specific Level 4 US and full Level 5)	R 21 000	
4.	Diploma in Grade R Teaching (NQF Level 6) – per semester PENDING ACCREDITATION	R 11 000	

MANAGEMENT AND LEADERSHIP FOR ECD PRINCIPALS

1.	Saturday classes: (09H00- 13H00): per module	R 900	
2.	Full course	R 13 000	

SECTION 6

FUNDAMENTAL COMPONENTS FOR FETC: ECD LEVEL 4 (Applicants who do not have a Matric/Senior Certificate)

1.	English Communication	R 1000	
2.	Second Language	R 1000	
3.	Math. Literacy	R 1000	

SECTION 7: PAYMENT OPTION

Please indicate clearly ONE of the following two payment options available by ticking the appropriate block.

The following will apply: Full time Combined

- 5% discount on the course fees if you pay the total amount upfront, indicate your preference

PLEASE NOTE

- A non-refundable Registration Fee of **R1000.00 is payable on submission** of this registration form.
- A monthly payment option plan is available on Full Courses. Should you choose a payment option, one month's fee is payable upon commencement of the course.
- All payments are **due by the 7th of each month and** any discount will fall away if payments are made later than this date.
- Outstanding payments will result in the student not attending class, and assignments and Portfolio of Evidence **not being assessed**, and will thus impact on the student's graduation.
- **Ensure that you have read and understood the TLC Cancellation Policy before signing the Student Declaration.**

PAYMENT OPTIONS

OPTION A: 5% DISCOUNTED FEE (if course fees are paid in full at registration)	Course Fees	✓
FETC: ECD (NQF LEVEL 4)	R 16 150	
HC: ECD (NQF LEVEL 5)	R 16 150	
FULL TIME COURSE (Combined LEVEL 4 and 5)	R 19 950	
NAT DIPL.GRADE R (LEVEL 6) per semester PENDING ACCREDITATION	R 10 450	
MANAGEMENT FOR ECD PRINCIPALS	R 12 350	

OPTION B: MONTHLY PAYMENTS	4 mon.	✓	12 mon.	✓	15 mon.	✓	18 mon.	✓
FETC: ECD (NQF LEVEL 4)	R 4 250		R 1 417		R 1 133		N/A	
HC: ECD (NQF LEVEL 5)	R 4 250		R 1 417		N/A			
DIPL. GRADE R (LEVEL 6) PENDING ACCREDITATION	R 2 750				N/A			
FULL TIME LEVEL 4 and 5 (Combo)	R 3 000 (7 monthly payments)							
MANAGEMENT FOR ECD PRINCIPALS	R 2 166 (6 monthly payments)							

SECTION 8: 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:

- withhold providing the official transcript;
- withhold the awarding of any qualification;
- withhold future registration privileges;
- prohibit you from attending classes; and
- 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 the 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 9: 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 STUDENT	
CONTACT NUMBER	
E-MAIL ADDRESS	
SIGNATURE	
DATE	

SECTION 10: TLC BANKING DETAILS

Please make all payments in favour of:

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

Note:

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

SECTION 11: TLC HEAD OFFICE AND BRANCH CONTACT DETAILS

2 Vinton Road Ormonde 2091.

Tel: (011) 496 1262

E-mail: tlcoffice@telkomsa.net

www.teacherslearningcentre.co.za

SECTION 12: CANCELLATION

In the event that your enrolment is cancelled before the completion of this course, then a refund will be processed for any fees that have been paid in advance, less a 10% penalty on the fees due at the time of cancellation (with a minimum of R1 500).

SECTION 13: 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 Identity 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 R1000.00 plus first month's fee (or proof of payment)	
7. <u>Certified</u> copy of Study Permit if you are not a South African citizen or a permanent resident	

STUDENT DECLARATION

I, _____ (Full Name)
 hereby confirm that I have read and understand 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.

STUDENT 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 STUDENT

STUDENT 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: 2 Vinton Road, Ormonde, 2091
Tel: (011) 496 1262
E-mail: 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
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 7 of the Registration Form)

- A non-refundable Registration Fee of **R1000.00 is payable** on submission of this registration form.
- Should you choose a payment option, **one month's fee is payable**.
- All payments are **due by the 7th of each month**.
- Outstanding payments** will result in the student not attending class, and assignments and Portfolio of Evidence **not being assessed**, and will thus impact on the student's graduation.