|  |  |
| --- | --- |
| **Learner Full Name** | {{learner\_first\_name}} {{learner\_middle\_name}} {{learner\_last\_name}} |
| **Learner ID Number** | {{national\_id}} |
| **Group Name/Company** |  |
| **Contact Number** | {{phone\_number}} |
| **Email Address** | {{email\_address}} |

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**EEA1 Form**

|  |  |
| --- | --- |
| **DECLARATION BY EMPLOYEE**  **(*Confidential)*** | |
| **PLEASE READ THIS FIRST** |  |
| **PURPOSE OF THIS FORM**  This form is used to obtain information from employees for the purpose of assisting employers in conducting an analysis on the workforce profile. Employers should use this form to ascertain which employees are from designated groups in terms of the Employment Equity Act, 55 of 1998, as amended.  **WHO COMPLETES THIS FORM?**  Employees should fill in this form.  **INSTRUCTIONS**  All employers must ensure that the contents of this form remain confidential, and that it is only used to comply with the Employment Equity Act, 55 of 1998, as amended.  **PLEASE NOTE:**  ‘Designated groups’, mean black people, women and people with disabilities who-   1. Are citizens of the Republic of South Africa by birth or descent; or 2. Became citizens of the Republic of South Africa by naturalization – 3. before 27 April 1994; or 4. after 26 April 1994 and would have been entitled to acquire citizenship by naturalisation prior to that date but who were precluded by Apartheid policies   ‘People with disabilities’ are defined in the Act as people who have a long-term or recurring physical or mental impairment, which substantially limits their prospects of entry into, or advancement in employment.  \*Please note that people with disabilities have the right not to disclose their disability, unless it is in line with the inherent requirements of the job. | 1. Name of employee:{{learner\_first\_name}} {{learner\_middle\_name}} {{learner\_last\_name}} 2. Employee workplace No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **(This is the number that an employer/company/organisation uses to identify an employee in the workplace.)**   1. Please indicate to which categories you belong with an ‘**X**’ below:  |  |  | | --- | --- | | Male | Female | | {{gender\_male}} | {{gender\_female}} |  |  |  |  |  | | --- | --- | --- | --- | | African | Coloured | Indian | White | | {{equity\_african}} | {{equity\_indian}} | {{equity\_indian}} | {{equity\_white}} |  |  |  | | --- | --- | | Foreign Nationals |  |   If you are not a citizen by birth, please indicate the date you  acquired your citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  | | --- | --- | --- | --- | | Person with a disability\* | {{disability\_sight}} {{disability\_hearing}} {{disability\_communication}} {{disability\_physical}} {{disability\_intellectual}} {{disability\_emotional}} {{disability\_multiple}} {{disability\_unspecified}} |  |  |     If yes, specify nature of disability:  \_\_\_\_\_\_\_\_{{disability\_status\_name}}\_\_\_\_\_\_\_\_\_\_\_   1. I verify that the above information is true and correct.   Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**POPI Act Form**

CONSENT TO PROCESS PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMARTION ACT. 4 OF 2013 (POPI)

1. I {{learner\_first\_name}} {{learner\_middle\_name}} {{learner\_last\_name}} with ID No: {{national\_id}} hereby give consent to Ensemble Trading 460 (Pty) Ltd Trading As The Learning Organisation to collect and distribute my personal information where Ensemble Trading 460 (Pty) Ltd Trading As The Learning Organisation is legally required to do so.
2. I understand my right to privacy and the right to have my personal information processed in accordance with the conditions for the lawful processing of personal information.
3. I acknowledge that I understand the purposes for which my personal information is required and for which it will be used.
4. I hereby consent that I understand that third parties will have access to my personal information, and I consent to Ensemble Trading 460 (Pty) Ltd Trading As The Learning Organisation sharing my personal information strictly for reporting to the relevant stakeholders including the associated SETA’s (Sector Education and Training Authorities) and my employer.
5. I understand that, should I refuse to provide Ensemble Trading 460 (Pty) Ltd Trading As The Learning Organisation with the required consent and/or information, Ensemble Trading 460 (Pty) Ltd Trading As The Learning Organisation will be unable to assist me with

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. I understand further that all my personal information which I provide to Ensemble Trading 460 (Pty) Ltd Trading As The Learning Organisation will be held and/or stored securely for the purpose for which it was collected.
2. I declare that all my personal information supplied to Ensemble Trading 460 (Pty) Ltd Trading As The Learning Organisation for the purpose of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and related legal and operational reasons is accurate, up-to-date, is not misleading and that it is complete in all respects.
3. I undertake to immediately advice Ensemble Trading 460 (Pty) Ltd Trading As The Learning Organisation of any changes to my personal information should any of these details change.

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

Name and Surname: {{learner\_first\_name}} {{learner\_middle\_name}} {{learner\_last\_name}}

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

# Submission Checklist

Use this checklist to indicate that you have submitted all the required documents:

|  |  |
| --- | --- |
| **Document** | **Check** |
| Candidate Information |  |
| Certified copies of ID and Qualifications |  |
| Declaration of Authenticity |  |
| Copyright declaration |  |
| Grading system and Certification process |  |
| Pre-assessment Meeting |  |
| Learner’s Rights and Responsibilities |  |
| Appeals Procedure and Application form |  |
| Recognition of Prior Learning |  |
| Candidate confirmation to be assessed |  |
| “I am ready for Assessment” |  |
| Assessment Plan |  |

|  |  |
| --- | --- |
|  |  |
| **CANDIDATE’S SIGNATURE** | **DATE** |

# Candidate Information

## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** | {{learner\_last\_name}} | **Title** |  |
| **First Name** | {{learner\_first\_name}} | **Middle Name** | {{learner\_middle\_name}} |
| **Previous Last name** |  | **Birth Date** | {{learner\_birth\_date}} |
| **Home Address 1** | {{address\_line1}} | | |
| **Home Address 2** | {{address\_line2}} | | |
| **Home Address 3** | {{city}}, {{state\_province}} | **Postal Code** | {{postal\_code}} |
| **Postal Address 1** |  | | |
| **Postal Address 2** |  | | |
| **Postal Address 3** |  | **Postal Code** |  |
| **Phone Number** | {{phone\_number}} | **Fax Number** |  |
| **Email Address** | {{email\_address}} | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Province Code** | 1 | {{province\_western\_cape}} | Western Cape | | 6 | {{province\_north\_west}} | North West |
| 2 | {{province\_eastern\_cape}} | Eastern Cape | | 7 | {{province\_gauteng\_jhb}} {{province\_gauteng\_pta}} | Gauteng |
| 3 | {{province\_northern\_cape}} | Northern Cape | | 8 | {{province\_mpumalanga}} | Mpumalanga |
| 4 | {{province\_free\_state}} | Free State | | 9 | {{province\_limpopo}} | Limpopo |
| 5 | {{province\_kwazulu\_natal}} | Kwazulu/Natal | |  |  |  |
| **Gender Code** | M | {{gender\_male}} | Male | | | | |
| F | {{gender\_female}} | Female | | | | |
| U |  | Unknown | | | | |
| **Employers SDL No.** |  | | | **STD Occupational Category Code** | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Equity Code** | **BA** | {{equity\_african}} | Black: African |
| **BC** | {{equity\_coloured}} | Black: Coloured |
| **BI** | {{equity\_indian}} | Black: Indian/Asian |
| **U** |  | Unknown |
| **Wh** | {{equity\_white}} | White |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ID Type** | 1 | {{national\_id\_checkbox}} | National ID | **Nationality Code** | U | {{nationality\_u}} | Unspecified |
| 521 | {{alt\_id\_saqa}} | SAQA Member Id | SA | {{nationality\_sa}} | South Africa |
| 527 | {{alt\_id\_passport}} | Passport No | SDC | {{nationality\_sdc}} | SADC except SA |
| 529 | {{alt\_id\_driver}} | Driver’s Licence | NAM | {{nationality\_nam}} | Namibia |
| 531 | {{alt\_id\_temp\_id}} | Temporary ID number | BOT | {{nationality\_bot}} | Botswana |
| 537 | {{alt\_id\_student}} | Student Number | ZIM | {{nationality\_zim}} | Zimbabwe |
| 538 | {{alt\_id\_work\_permit}} | Work Permit Number | ANG | {{nationality\_ang}} | Angola |
| 539 | {{alt\_id\_employee}} | Employee Number | MOZ | {{nationality\_moz}} | Mozambique |
| 540 | {{alt\_id\_birth\_cert}} | Birth Certificate | LES | {{nationality\_les}} | Lesotho |
| 541 | {{alt\_id\_hsrc}} | HSRC Register No | SWA | {{nationality\_swa}} | Swaziland |
| 561 | {{alt\_id\_etqa}} | ETQA Record Number | MAL | {{nationality\_mal}} | Malawi |
| **Citizen Resident Status Code** | U |  | Unknown | ZAM | {{nationality\_zam}} | Zambia |
| SA | {{citizen\_sa}} | South Africa | MAU | {{nationality\_mau}} | Mauritius |
| O | {{citizen\_other}} | Other | TAN | {{nationality\_tan}} | Tanzania |
| D | {{citizen\_dual}} | Dual (SA plus other) | SEY | {{nationality\_sey}} | Seychelles |
| PR | {{citizen\_permanent}} | Permanent Resident | ZAI | {{nationality\_zai}} | Zaire |
| **Disability Status Code** | N | {{disability\_none}} | None | **Disability Status Code** | 05 | {{disability\_intellectual}} | Intellectual (difficulties in learning); retardation |
| 01 | {{disability\_sight}} | Sight (even with glasses) | 06 | {{disability\_emotional}} | Emotional(behavioural or psychological) |
| 02 | {{disability\_hearing}} | Hearing (even with a hearing aid) | 07 | {{disability\_multiple}} | Multiple |
| 03 | {{disability\_communication}} | Communication (talking, listening) | 09 | {{disability\_unspecified}} | Disabled but unspecified |
| 04 | {{disability\_physical}} | Physical (moving, standing, grasping) | U |  | Unknown disability status |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Home Language Code** | Eng | {{home\_language\_english}} | English | **Socio-economic Status Code** | 1 |  | Legislators, Senior Officials And Managers |
| Afr | {{home\_language\_afrikaans}} | Afrikaans | 2 |  | Professionals |
| Oth | {{home\_language\_other}} | Other | 3 |  | Technicians And Associate Professionals |
| Sep | {{home\_language\_sepedi}} | sePedi | 4 |  | Clerks |
| Ses | {{home\_language\_sesotho}} | seSotho | 5 |  | Service Workers And Shop And Market Sales Workers |
| Set | {{home\_language\_setswana}} | seTswana | 6 |  | Skilled Agricultural And Fishery Workers |
| Swa | {{home\_language\_siswati}} | siSwati | 7 |  | Craft And Related Trades Workers |
| Tsh | {{home\_language\_tshivenda}} | tshiVenda | 8 |  | Plant And Machine Operators And Assemblers |
| U | {{home\_language\_unknown}} | Unknown | 9 |  | Elementary Occupations |
| Xho | {{home\_language\_isixhosa}} | isiXhosa | 0 |  | Armed Forces |
| Xit | {{home\_language\_xitsonga}} | xiTsonga | 10 |  | Occupation Unspecified NEC |
| Zul | {{home\_language\_isizulu}} | isiZulu |  | | |
| Nde | {{home\_language\_ndebele}} | isiNdebele |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Highest Qualification Type** | | | | | | **Highest School Qualification** | | | |
| 1 |  | Unknown | 513 | {{tertiary\_masters\_diploma}} | National Masters Diploma |  | GRADE 1 | {{secondary\_grade\_11}} | GRADE 11 |
| 2 | {{tertiary\_national\_certificate}} | National Certificate | 515 | {{tertiary\_national\_higher}} | National Higher |  | GRADE 2 | {{secondary\_grade\_12}} | GRADE 12 |
| 3 | {{tertiary\_national\_diploma}} | National Diploma | 532 | {{tertiary\_further\_diploma}} | Further Diploma |  | GRADE 3 |  | UNKNOWN |
| 4 | {{tertiary\_first\_degree}} | National First Degree | 533 | {{tertiary\_post\_graduate}} | Post Graduate Certificate |  | GRADE 4 |  |  |
| 501 | {{tertiary\_post\_doctoral}} | Post-doctoral Degree | 534 | {{tertiary\_senior\_certificate}} | Senior Certificate |  | GRADE 5 |  |  |
| 503 | {{tertiary\_doctoral}} | Doctoral Degree | 535 | {{tertiary\_qual\_nat\_sen\_cert}} | Qual at Nat Sen Cert |  | GRADE 6 |  |  |
| 505 |  | Master’s Degree | 554 | {{tertiary\_apprenticeship}} | Apprenticeship |  | GRADE 7 |  |  |
| 507 | {{tertiary\_professional}} | Professional Qualification | 574 | {{tertiary\_post\_grad\_b\_degree}} | Post Grad B Degree | {{secondary\_grade\_8}} | GRADE 8 |  |  |
| 509 | {{tertiary\_honours}} | Honours Degree | 575 | {{tertiary\_post\_diploma\_diploma}} | Post Graduate Diploma | {{secondary\_grade\_9}} | GRADE 9 |  |  |
| 511 | {{tertiary\_higher\_diploma}} | National Higher Diploma | 594 | {{tertiary\_post\_basic\_diploma}} | Post-basic Diploma | {{secondary\_grade\_10}} | GRADE 10 |  |  |

## Workplace Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Employer** | {{employer}} | | | | |
| **Supervisor’s / Manager’s name and surname** |  | | | | |
| **Designation of Supervisor / Manager** |  | | | | |
| **Postal Address of Employer** |  | | | | |
| **Physical Address of Employer** |  | | | | |
| **Work telephone number** |  | | | | |
| **Work fax number** |  | | | | |
| **Work E-mail Address** |  | | | | |
| **Do you have access to Internet at work?** | **Yes** |  | **No** |  |  |

## Educational Background

(In date order: from the oldest to the latest)

|  |  |  |
| --- | --- | --- |
| **QUALIFICATIONS**  **(RECOGNIZED QUALIFICATIONS)** | **PROVIDER’S NAME** | **YEAR QUALIFIED** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Work Experience

(List previous occupations/jobs from the most recent to the oldest)

|  |  |  |  |
| --- | --- | --- | --- |
| **ORGANISATION** | **JOB TITLE** | **MAIN TASKS / OUTCOMES / RESPONSIBILITIES** | **YEARS / MONTHS** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Special Requirements

|  |  |
| --- | --- |
| **List of requirements** | **Descriptions** |
| Requires interpreter (if so indicate language you prefer) |  |
| Any physical requirements  (E.g. Blind, deaf etc.) |  |
| Any other special needs |  |

## Curriculum Vitae

(Please insert your CV after the next page)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **PRINT NAME AND SURNAME** | **SIGNATURE** | **ID NUMBER** | **DATE** |

# Administration Documents

## Penalty System for Late submissions

|  |  |
| --- | --- |
| I (Initials and Surname) | {{learner\_first\_name}} {{learner\_middle\_name}} {{learner\_last\_name}} |
| ID No: | {{national\_id}} |

Agree to keep with the PoE Submission Schedule as communicated by my Facilitator at all times.

Should I neglect to submit my work or submit my work late, that a fee will be invoiced to me.

This fee is R250 per Module.

|  |  |
| --- | --- |
|  |  |
| **Signature of Learner:** | **Date** |
|  |  |
| **Signature of facilitator/assessor:** | **Date** |

## Copyright Declaration

REGULATIONS REGARDING MATERIALS SUPPLIED BY

THE LEARNING ORGANISATION

I {{learner\_first\_name}} {{learner\_middle\_name}} {{learner\_last\_name}} , Identity number {{national\_id} hereby declare that I am aware of the copyright to all course materials as trained and distributed by The Learning Organisation. I undertake to use this material for my own developmental purposes only and not to use any of this material for training, education and information distribution purposes, without the written permission from management of The Learning Organisation.

## The Grading System and Certification

The assessment criteria in this Module are performance-based and assess applied competence rather than only knowledge or skills. The assignment was designed to comply with the SAQA requirements that state that the “learners must demonstrate that they can achieve the outcomes in an integrated manner, dealing effectively with different and random demands related to the environmental conditions in occupational contexts, to qualify.”

To determine competence each task is graded in terms of its relative importance to determine what percentage achieved is considered as Competent or Not Yet Competent. Based on this grading the assessor will make a decision of “Competent” or “Not Yet Competent” against each task. Should you be deemed “Not Yet Competent” against some of the requirements of this skills programme, you will need to re-do these elements. The deadline for re-submission will be **10 working days** after receipt of feedback.

Assignments declared “Competent” will be subjected to a verification process conducted by the relevant ETQA. Once completed, learner achievements will be uploaded to the relevant SETA or QCTO ETQA for certification. Please note that it can take up to six months until certification.

Certificates of competence and statements of results will be provided to learners once received from the relevant ETQA.

|  |  |
| --- | --- |
|  |  |
| **CANDIDATE’S SIGNATURE** | **DATE** |

## Pre-assessment Meeting

Dear {{learner\_first\_name}} {{learner\_middle\_name}} {{learner\_last\_name}} Date \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

As discussed with you I herewith like to confirm that our Initial Meeting will be held on (date) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ at (time) \_\_\_\_\_\_\_\_\_\_\_\_\_ in (venue) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**The agenda is as follows**:

|  |  |  |
| --- | --- | --- |
| 1 | Welcomethe candidate **and put them at ease** |  |
| 2 | **Explain the purpose of the meeting** (why you are there and how long the meeting will take) |  |
| 3 | **Explain the**   * NQF * Credits * Certification process * Learning pathways |  |
| 4 | **Explain**   * Who is involved in the assessment and their role (learners, coach, assessors, managers, moderators) * Principles of assessment (fairness, confidentiality, validity, sufficiency) |  |
| 5 | **Explain the assessment process?**   * Check learner readiness for assessment (logbook / self-assessment) * Assessment contract to be completed * Preparation of learner (this meeting) * The assessment (observation and knowledge questionnaire) * Judgement of the evidence * Outcome of assessment (competent, not yet competent, need further evidence) |  |
| 6 | **Discuss the assessment plan** (complete the assessment plan document)   * Allow the learner to participate in the decisions made * Agree on dates, time and venue for the assessment and feedback * Agree on evidence the learner can submit * Agree and explain the assessment methods * Identify and discuss special assessment needs of the candidate * Identify and eliminate unfair barriers (language, disability etc.) * Discuss and agree on witness requirements |  |
| 7 | **Tell the candidate his/her rights and responsibilities, the assessment procedures and policies**   * How many times they may be assessed * Appeals process / procedure * Reassessment policy |  |
| 8 | **Ensure the assessment environment is appropriate** or make special arrangements |  |
| 9 | Discuss moderation |  |
| 10 | Allow the learner opportunity to clarify any items discussed |  |

Please confirm your attendance. If you require any more information don’t hesitate to phone me. I am looking forward to meet with you.

Thank you

|  |  |
| --- | --- |
|  |  |
| **ASSESSOR’S SIGNATURE** | **DATE** |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and surname of candidate) hereby declare that the above agenda was discussed and I understand the context of it.

|  |  |
| --- | --- |
|  |  |
| **CANDIDATE’S SIGNATURE** | **DATE** |