

REGISTRATION FORM
FETC: Short Term Insurance

Candidate Personal Information

Surname: Maiden name:

Initials: Title: Full Names:

Calling name:

Date of birth: Age: yrs Gender: Male Female

E-mail (if available) : _____

ID/Passport number:

Equity: Black White Indian Coloured Citizen:

Disability status :

Education & Employment Information

Highest Education:

Previous Qualifications:

Current Occupation: Years in Occupation: Years / Months

Office: Supervisor/ Manager name:

Supervisor / Manager e-mail : _____

Employee Nr:

Work Physical address:

Code:

Work Postal address:

Code:

Tel (W): Fax (W):

Programme Information

Study School: Mark with a (x)

Full Qualification	
Study School 1 (Personal Lines)	
Study School 1 (Commercial Lines)	
Study School 2 (Personal & Commercial Lines)	
Study School 3 (Personal & Commercial Lines)	
Study School 4 (Mathematics)	
Study School 5 (Communication & Additional SA Language)	

Facilitation:

Study School	Core	Elective	Elective Fin Lit	Elective Maths	Elective Comm	Elective Add SA	TOTAL
1	-	30	-	-	-	-	30
2	21	-	12	-	-	-	33
3	30	2	-	-	-	-	32
4	-	-	-	16	-	-	16
5	-	-	-	-	20	20	40
TOTAL	51	32	12	16	20	20	151

No facilitation is provided and you do the study school on your own time. You have 4 weeks from the day you receive your study material to write the exam and hand in the workbook for the specific study school. As soon as the first study school have been completed, you may begin with the next study school.

Agreement

Please complete the registration form and send it back via e-mail or fax with the following:

In accordance with SAQA requirements, we must keep comprehensive records of all our learners for their National Learner Records Database (NLRD).

Please mark with a (x) when you have included the following with the registration form:

Certified copy of ID

Certified copy of matric certificate

Post Matric Qualifications

I (Full names) _____ ID nr _____ state that the above information is true to the best of my knowledge. I hereby apply to attend the above mentioned programme.

Learner Signature

Date