STUDENT REGISTRATION FORM

Accredited Training Provider – ETDP SETA Provider No: ETDP0312

READ EDUCATIONAL TRUST

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| NOTE: Please PRINT CLEARLY and legibly. This information is necessary to register you as a STUDENT with the required Qualifications Authority and therefore must be ACCURATE and CORRECT.Use the information as it appears on your Identity Document.LYCEUM STUDENTS please complete sections 1 – 4 on the Lyceum FORM and then Parts C, G, H, I and J on the READ form |

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| **PART A: STUDENT DETAILS (Office use only)** |
| Student Name:  | Student Surname:  | Student Number : |
| Enrolment Date:  | Qualification Type:  | Qualification Title:  |
| Start Date:  | Training Day:  | Training Type: Classroom/Self Study |
| Self Study Method : |  |

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| **PART B: PREVIOUS QUALIFICATIONS AND WORK EXPERIENCE** |  |
| **MATRIC CERTIFICATE***(or equivalent)* |

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|  **Yes** |  **No** |

**Attach a certified copy of highest academic achievement**  |  |
| **MATRIC SUBJECTS PASSED** *(if applicable)* |

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| **Maths or Maths Lit.** |  | **English** |  | **Second Language** |  |

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| **ANY ECD QUALIFICATIONS** |

|  |  |
| --- | --- |
| **Yes** | **No** |

 | **If Yes, please state qualification(s) and attach these qualifications to this registration form** |  |
| **ANY ECD WORK EXPERIENCE** |

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|  **Yes** |  **No** |

 | **If Yes, please state length of experience : (years/months)** |  |
|  |  |
| **PART C: Qualification or Course Options – Course Fees exclude registration fees – Registration R300** |  |
|  | **COURSE FEES** | **SELECT OPTION****(please tick)** |  |
| **FUNDAMENTALS: NQF LEVEL 4**  |  |  |  |
| **Language 1 : English**  |  **R 650** |  |  |
| **Language 2 : Home Language**  |  **R 650** |  |  |
| **Mathematics Lit :** |  **R 650** |  |  |
| **QUALIFICATIONS:**  |  |  |  |
| **Self-Study with Tutor Support NQF Level 4 and NQF Level 5** | **R 15 180.00** |  |  |
| **Self -Study NQF Level 4 and NQF Level 5** | **R14 000.00** |  |  |
| **NQF Level 6: ID 91954 Diploma *(YEAR 1 OF 3)* with Tutor Support** | **R23 650.00** |  |  |
| **NQF Level 6: ID 91954 Diploma *(YEAR 2 OF 3)* with Tutor Support** | **R 16 100.00** |  |  |
| **Other Courses /READ with SACE points / On Application** |  |
|  |  **R** |  |  |
|  |  **R**  |  |  |

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| **PART D: STUDENT PERSONAL DETAILS** |
| **REGISTRATION YEAR**  |

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 | **TITLE:** |

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| **Miss** | **Mrs** | **Ms** | **Mr** |

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| **STUDENT SURNAME***Print name clearly as in SA ID book* |  |
| **STUDENT FIRST NAME***Print name clearly as in SA ID book*  |  |
| **MAIDEN SURNAME** *(If married)* |  |
| **NAME YOU ARE KNOWN BY** *(Preferred Name)* |  |
| **IDENTITY NUMBER**  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PASSPORT NUMBER** |  | **DATE OF BIRTH** |  |  |
| **NATIONALITY**  |  |
| **GENDER**  |

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| --- | --- |
| **M** | **F** |

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| **POPULATION GROUP** |

|  |  |  |  |  |  |
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| **African** | **Asian** | **Coloured** | **Indian** | **White** | **Other:**  |
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| **MARITAL STATUS**  |

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| **Single** | **Married** | **Divorced**  | **Widowed** | **Other:**  |
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| **STATUS**  |

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| **Employed** | **Unemployed** | **Student** | **Other:** |
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| **DISABILITY** |

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| **Yes** | **No** |

 **If Yes, please specify:**  |
| **HOW DID YOU HEAR ABOUT READ TRAINING?** |

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| **Website** | **Student** | **ECD Principal** | **Office Inquiry** | **Other:**  |
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| **PART E: CONTACT DETAILS** |  |  |
| **PHYSICAL ADDRESS** |  |
|  |
| *City Area Code:* |
| **POSTAL ADDRESS** *(if different from physical address)* |  |
|  |
| *City Area Code:* |
| **CELL NUMBER \*\*\*\*\*\*** |  |  |  |  |  |  |  |  |  |  |
| **EMAIL ADDRESS** **(If no email – please put N/A)** |  |

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| **PART F: EMPLOYER DETAILS (If applicable)** |  |  |
| **PLACE OF EMPLOYMENT** |  |  |  |
| **EMPLOYER’S NAME** |  |  |  |
| **PHYSICAL ADDRESS** |  |  |  |
|  |  |  |
| *City Area Code* |  |  |
| **POSTAL ADDRESS** *(if different from physical address)* |  |  |  |
|  |  |  |
| *City Area Code* |  |  |
| **LANDLINE NUMBER** |  |  |  |  |  |  |  |  |  |  |  |  |
| **YOUR CURRENT POSITION IN ECD WORKPLACE** |  |  |  |
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| **SECTION G: Contact Sessions** |  |  |
| **X12 contact sessions per year**  | To be advised of dates by tutor |  |  |
| **Self Study with tutor support** | Tutor contact details to be supplied  |  |  |

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| **SECTION H: PAYMENT OPTIONS** |
| NOTE : Group discount available on request.Please confirm your course selection by ticking the appropriate box below. This applies to QUALIFICATION and Accredited course fees only.If you are attending any other READ short courses, contact the office to arrange alternative payment options.

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| **NQF Level** | **Cost excluding registration Fees** | **√** | **Deposit excluding registration fee of R300** | **Monthly Payments x 12** |
| **Self-Study with Tutor Support NQF Level 4 and Level 5** | **R 15 180.00** |  | **R 3 036** | **R1012 x 12 monthly payments** |
| **NQF Level 6: ID 91954 Diploma *(YEAR 1 OF 3)* with Tutor Support** | **R23 650.00** |  | **R 4730** | **R1576 x 12 monthly payments**  |
| **NQF Level 6: ID 91954 Diploma *(YEAR 2 OF 3)* with Tutor Support** | **R16 100.00** |  | **R3220** | **R1073 x 12 monthly payments** |
| **Short Course - Grade R** | **R 6 750** |  | **R 1 350** | **R900 x 6 monthly payments**  |

**Payment Terms and Conditions** * A non-refundable **Registration Fee of R300.00 is** payable on submission of this registration form
* 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.
* Outstanding payments will result in the Student’s Assessment Portfolio not being assessed.

\*Should you withdraw from the course, any refund will be at the discretion of the READ INSTITUTE management. 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 all balances due to READ INSTITUTE. |
| **STUDENT 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 READ INSTITUTION now and in the future.** |
| **STUDENT NAME:** **SIGNATURE:**  |  | **DATE:** |  |
| **NOTE: *If you are under the age of 21, then your parent or guardian must co-sign this registration form.*** |
| **PARENT/GURDIAN FULL NAME:**  |  |
| **PARENT/GURDIAN/SPONSOR** |  | **DATE** |  |

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| **SECTION H: 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. Certified copy of your Identification document** |  |
| **2. Certified copy of your Matric Certificate (if applicable) OR highest school qualification** |  |
| **3. Copies of ECD certificates, workshops etc (if applicable)** |  |
| **5. A brief Curriculum Vitae (CV)** |  |
| **6. Registration fee of R 300.00 (or proof of payment)** |  |

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| **SECTION I: BANKING DETAILS** |
| **Please make all payments in favour of:** |
| Account Holder READ Institute Account Number 62762595927 Bank FNB Bank Branch Southdale Bank Code 250655 Note:Please use your Allocated Student Number as a reference when paying electronically or making a bank deposit |
| **Postal Address for Read Institute : PO Box 30994 Braamfontein 2017** **E-Mail:** **institute@read.co.za****Contact : 082 3887141** |
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| **HEAD OFFICE INFORMATION**  |
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