



Learner Registration Form

First Name																					
Surname																					
Identity Number																					
Province																					
<small>1 = Eastern Cape 2 = Free State 3 = Gauteng 4 = KwaZulu Natal 5 = Mpumalanga 6 = Northern Cape 7 = Limpopo 8 = North West 9 = Western Cape</small>																					
District/Town/Village																					
Physical Address																					
															Street Code						
Postal Address																					
															Postal Code						
Telephone No. (H)																					
Telephone No. (W)																					
Cell No.																					
<small>Please circle</small>																					
Male			Female																		
Home Language/ Mother tongue																					
<small>01 = Afrikaans 02 = English 03 = Ndebele 04 = Swati or Swazi 05 = Xhosa 06 = Zulu 07 = Sesotho or Sotho 08 = Sepedi or Pedi 09 = Setswana or Tswana 10 = Venda 11 = Tsonga 12 = Other</small>																					
If other, specify																					
Matric (Y/ N)																					
If "No", state highest grade passed																					
Highest Standard Passed																					
What skills do you have?																					
Disability?																					
Yes			No																		
Disability of :																					
<small>01 = Sight 02 = Hearing 03 = Physical 04 = Mental</small>																					
Nature of Disability																					
What do you want to read?																					
When are you available for literacy classes? (Please circle)																					
Daytime			Evening			Weekends															
Will you do your best to attend three classes per week for 6 months?															<small>(Please circle)</small>						
															Yes			No			
Are you involved in any community or development projects in your area?															<small>(Please circle)</small>						
															Yes			No			
If Yes, please specify																					

Registered by: (Please reflect the details of the Volunteer responsible for training Learner being registered)

Full Name																				
Surname																				
Identity Number																				