



Registration Form

Coordinator

Supervisor

Volunteer

Full Name

Surname

Identity Number

Province

1 = Eastern Cape 2 = Free State 3 = Gauteng 4 = KwaZulu Natal 5 = Mpumalanga 6 = Northern Cape 7 = Limpopo 8 = North West
9 = Western Cape

District/Town/Village

Physical Address

Street Code

Postal Address

Postal Code

Telephone No. (H)

Telephone No. (W)

Cell No.

Please circle

Male 1

Female 2

Home Language/ Mother tongue

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

If other, specify

Matric (Y/ N)

If "No", state highest standard passed

Please indicate your qualifications

01 = Degree 02 = Diploma 03 = Post Graduate 04 = ABET Practitioner Certificate 05 = ABET Diploma 06 = Other

If other, specify

Do you have any other training and education (Please circle)
Yes 1 No 2

If Yes, please specify

What skills and experience do you have?

Why do you want to do this training?

When are you available for literacy classes? (Please circle)

Daytime 1 **Evening** 2 **Weekends** 3

Are you involved in any community project in and around your area? (Please circle)
Yes 1 No 2

If Yes, please specify

Banking Details

Name of Bank	<input type="text"/>	Branch No.	<input type="text"/>
Name of account holder	<input type="text"/>	Do you share an account?	(Please circle) Yes <input type="text"/> 1 No <input type="text"/> 2
Branch Name	<input type="text"/>		
Account No.	<input type="text"/>		

Claims cannot be processed if you don't complete this form correctly and hand it to your supervisor

Signed _____

Date _____

Registered by: (Please reflect the details of the Coordinator or Supervisor immediately responsible for person being registered)

Full Name

Surname

Identity Number