



NOMINATION/REGISTRATION

FOR OFFICE USE	
Accepted (Enrolled): <input type="checkbox"/> Y <input type="checkbox"/> N	Student Number: <input type="text"/>
Signature: <input type="text"/>	Date: <input type="text"/>

GENERAL INFORMATION AND INSTRUCTIONS

Please complete this form in full, in block letters, to prevent unnecessary delays.

CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS FORM:

- Your IDENTITY DOCUMENT (compulsory for South African students) or equivalent proof of identity.
- A transcript of your official ACADEMIC RECORD, if you have studied at another higher education institution.
- A National Senior Certificate (Grade 12) or equivalent qualification or proof of highest schooling level achieved
- Proof that you have complied with all your institutional requirements to enrol for a qualification (employer learner agreement).

This form can be e-mailed to registration@kgolo.org or it can be posted to: **THE REGISTRATION DEPARTMENT, PO BOX 64, CORNWALL HILL, 0178.**

REGISTRATION PROCESS AND CONDITIONS

NEEDS ASSESSMENT: It is important to identify the personal development needs that one has. This may be informed through: Performance review sessions, New responsibilities, Consultation with their supervisor or line manager, and Your personal career path.

IDENTIFY THE SOLUTION: Short courses are delivered on particular topic and are designed for a particular audience. It is important to view the course outcomes, target audience and pre-requisites to ensure that the short course is relevant.

COMPLETE THE NOMINATION/REGISTRATION FORM: The form must be completed accurately and completely. The information is very important for maintaining a record on our Delegates progress. Please submit the following together with the form: Current and detailed CV, certified copies of ID and all qualifications incl. Senior Certificate.

AUTHORISATION: The registration forms must be authorised by the relevant Line Manager and SDF or SDC

SUBMISSION TO KGOLO INSTITUTE: Once authorised the nomination/registration forms must be submitted to KGOLO INSTITUTE for scheduling.

SCHEDULING: KGOLO INSTITUTE will prepare a training schedule and allocate a proposed course date for each of the short courses nominated by the Learner; the dates will be communicated via a confirmation letter. The Delegate needs to confirm their availability on these dates by signing and returning the confirmation letter directly to KGOLO INSTITUTE.

PREPARATION: It is the Delegates responsibility to ensure that they attend the short course on the relevant date.

FOLLOW UP: It is important that Supervisors follow up on the training experience with the Delegates. This gives the learner an opportunity to evaluate the short course and the Supervisor to assess how to support the learner in applying the new skills, knowledge and competence gained.

PERSONAL INFORMATION	
First Name(s): <input type="text"/>	Title: <input type="text"/>
Surname: <input type="text"/>	
Maiden Name: <input type="text"/>	
I.D./Passport Number: <input type="text"/>	Gender: male <input type="checkbox"/> female <input type="checkbox"/>
Ethnic Group: african <input type="checkbox"/> coloured <input type="checkbox"/> indian <input type="checkbox"/> white <input type="checkbox"/>	Disability: <input type="checkbox"/> Y <input type="checkbox"/> N Disability Type: <input type="text"/>
Physical Address: <input type="text"/>	
<input type="text"/>	Code: <input type="text"/>
Postal Address: <input type="text"/>	Code: <input type="text"/>
Telephone: <input type="text"/> X. <input type="text"/>	Fax: <input type="text"/>
Cell: <input type="text"/>	Email: <input type="text"/>
Next of Kin Name: <input type="text"/>	
Physical Address: <input type="text"/>	
<input type="text"/>	Code: <input type="text"/>
Telephone: <input type="text"/> X. <input type="text"/>	Cell: <input type="text"/>

EMPLOYER INFORMATION

Employer:	<input type="text"/>	Employee Number:	<input type="text"/>
Designation:	<input type="text"/>	Department:	<input type="text"/>
City/Town/Distr.:	<input type="text"/>	Province:	<input type="text"/>
Physical Address:	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Postal Address:	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Telephone:	<input type="text"/> X. <input type="text"/>	Fax:	<input type="text"/>
Email Address:	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Supervisor/Manager:	<input type="text"/>		
Designation/Title::	<input type="text"/>		
Telephone:	<input type="text"/> X. <input type="text"/>	Cell:	<input type="text"/>

ACADEMIC INFORMATION (please attach certified copies of all qualifications)

Highest Grade Achieved:	<input type="text"/>	Name of School:	<input type="text"/>	Year Achieved:	<input type="text"/>	
Qualification Name:	<input type="text"/>					
Name of Institution:	<input type="text"/>				Year Achieved:	<input type="text"/>
Qualification Name:	<input type="text"/>					
Name of Institution:	<input type="text"/>				Year Achieved:	<input type="text"/>
Qualification Name:	<input type="text"/>					
Name of Institution:	<input type="text"/>				Year Achieved:	<input type="text"/>
Qualification Name:	<input type="text"/>					
Name of Institution:	<input type="text"/>				Year Achieved:	<input type="text"/>

COURSE/LEARNERSHIP/PROGRAMME INFORMATION

Learnership/Programme:	<input type="text"/>													
	<input type="text"/>										Course Price (R):	<input type="text"/>	-	<input type="text"/>
SAQA ID Number:	<input type="text"/>	Total Credits:	<input type="text"/>	Total Unit Standards:	<input type="text"/>	Duration (in Months):	<input type="text"/>	Enrolment Year:	<input type="text"/>					

AUTHORISATION AND SIGNATORIES

(By signing and submitting this form, the learner/employer agrees to be enrolled in the aforementioned training and accepts responsibility for the payment of all fees as indicated above.)

Learner Signature:	<input type="text"/>	Date:	<input type="text"/>
SDF Name or Skills Development Committee Representative:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>
I have considered the applicant's development needs and have made appropriate arrangements for the applicant to attend the training.			
General Manager's Name:	<input type="text"/>		
Telephone:	<input type="text"/> X. <input type="text"/>	Cell:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>