



MOTHEO TRAINING INSTITUTE TRUST

An EDTP.SETA Accredited Training Service Provider. Reg Number IT 609/2011

EARLY CHILDHOOD DEVELOPMENT TRAINING LEARNING PROGRAMME
ECD NQF LEVEL 4: FETC: EARLY CHILDHOOD DEVELOPMENT SAQA QUAL ID: 58761
CREDITS: 140

ENROLMENT FORM

PERSONAL DETAILS

Learner Details

Learner last name: _____ Title: Mr/Mrs/Ms _____
 Learner first name: _____ Middle name: _____
 Date of birth: _____ Registration number: _____
 ID number: _____ Citizenship: _____
 Home language: _____
 Do you have a special need or disability? (Yes/No) _____ Specify: _____
 If so, what support would you require? _____
 Home address: _____
 _____ Code: _____
 Postal address: _____
 _____ Code: _____
 Home telephone number: _____ Cell: _____

Parents/Guardian/Spouse Details

Title: Mr/Mrs/Ms _____ Last name: _____
 Full Names: _____
 ID number: _____
Relationship to the Learner (e.g. uncle, mother or husband): _____
 Home address: _____
 _____ Code: _____
 Postal address: _____
 _____ Code: _____
 Home telephone number: _____ Cell: _____

Languages: List the languages you can understand and indicate how well you can speak, read and/or write each language using the following scale:

- **Excellent: 5** • **Good: 4** • **Fair: 3** • **Poor: 1&2**

Languages	Speak	Read	Write
e.g. English	5	5	5

FORMAL EDUCATION AND TRAINING

Schooling:

What is the highest standard/grade? _____ Year: _____

OR

Level of Adult Basic and Training (ABET) _____ Year: _____

Fundamental learning:

What is the highest standard/grade passed in your first language? _____

What is the highest standard/grade passed in mathematics? _____

NB. Please **attaché certified copies of certificates or test results** to verify the above information (or an affidavit in the event that your certificate is lost and duplicates are no longer issued).

What training have you done in ECD? Give names, length and date.

Name of course (including level if appropriate)	Organization where the course was attended	Length of course and year completed	Methods of assessment (tick all that apply)				
			None: only attendance	Written test	Practical test	Observation	Other specify
e.g. ECD NQf level 1	Motheo Training Institute Trust	12 months					Summative assessment

N.B. Attach certified copies of your certificates to your application and/or a list of all the course contents

OTHER RELEVANT TRAINING:

What other training have you done that is relevant to ECD, e.g. in health, management or social/community work, counselling, psychology and teaching or adult education?

Gives names of courses, length and date

Name of course or qualification	Certificate	Training provider	Length of course	Date(s)

Please list each course/module separately. Tick under certificate if you received a formal certificate, certificate of attendance or certificate of competency. **NB, Attach certified copies of your certificates to your application and/or list of the course content.**

Please describe below how the knowledge and skill development through the above courses and work experience can help you become a competent ECD Practitioner.

WORKPLACE CONTEXT

Name of ECD facility/site where you work: _____

Physical address of ECD facility/site: _____
 _____ Code: _____

ECD site/facility telephone number: _____ Cell: _____

Who is the chairperson of the committee? _____

Telephone of the chairperson _____ Cell: _____

What is your position or role? Assistant _____ Teacher _____ Supervisor _____

Other (describe): _____

How long have you worked in this position? _____ How long have you worked in the ECD Facility/site _____?

Write down the places where have worked. Give the date when you started and stopped working at each place. State what your job was. **(Only ECD related jobs)**

ECD facilities/sites where you have worked	Dates	Job title

Describe personal experience that has been helpful in your ECD work:

Describe the ECD facility/site in which you work:

How many children attend the facility/site? _____

How old are children? _____

What kind of ECD services is it? (E.g. all day, half a day, home based, etcetera) _____

How many children do you work with? _____ how old are they? _____

Do you work in a separate class or with other practitioners? _____

How many practitioners are there altogether? _____

Is there sufficient equipment and learning resources available? _____

Are equipment and learning resources in good condition? _____

What problem are there those makes it difficult to do your work well?

RPL AND TRAINING NEEDS

What are your training needs? Please indicate them:

Applicant's signature: _____ Date: _____

NB, Attach proof of payment(deposit slip), certified copies of your ID, certificates and a proof of residential address.

OFFICE USE ONLY**Documents checklist**

1. Proof of payment deposit slip: YES/NO
2. Certified ID copy: YES/ NO
3. Certified copies of results e.g. matric certificate or any other relevant certificates: YES/NO
4. Proof of residence: YES/NO
5. Learner Contract signed and initialled: YES/NO

Application received by: _____ Date: _____

Designation: _____

Application approved by: _____ Date: _____

(approve only if the above listed documents are attached including the learner contract)

Designation: _____

OFFICE STAMP