



# 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 5: HIGHER CERTIFICATE: EARLY CHILDHOOD DEVELOPMENT SAQA QUAL**  
**ID: 64649**  
**CREDITS: 120**

## 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: \_\_\_\_\_

Reg. No. IT 609/2011  
 Fax No: 086 577 6857

Web address: [www.rexmotheo.co.za](http://www.rexmotheo.co.za)  
 Cell: 0794262630

Email: [rexmotheo@gmail.com](mailto:rexmotheo@gmail.com)  
 Accreditation number: ETDP 1053

**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