SHILOH TRAINING
Awakening a generation

Reg No 2021/567803/07
03-QCTO/AC-TTC120724140107
03-QCTO/SDP170824220436

QCTO
Quality Council for Trades & Occupations

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Learner Application and Registration

SHORT SKILLS DEVELOPMENT COURSE: EARLY CHILDHOOD CAREGIVER (SP-191219, NQF LEVEL 1, 32 credits)

1. **Complete form with black pen in clear handwriting** 2. **Initial each page at bottom**

No	Field	Description	Information
	Personal Details		
1	**Learner Surname**		
2	**Full Names**		
3	**Learner Title**	*Mr, Ms, Mrs, Dr, Prof.*	
4	**ID Number**	*RSA ID. If not, Complete next line*	
5	**Alternative ID**	*Only complete if no RSA ID available. Indicate type of altern ID*	
6	**Date of Birth**	*Insert date of birth*	
7	**Gender**	*Male – M, Female – F, Other – O*	
8	**Equity**	*Black African – BA, Black Indian Asian – BI, Black Coloured – BC, White – W, Other – O (specify)*	
9	**Guarantor/Sponsor/ Guardian (Full name, ID no, address and contact number)**	*Who will be responsible person to pay your monthly account? (Add certified copy of ID document of proof of physical address.)*	
10	**Socio Economic Status of the Student**	**Employed/Unemployed.** *If unemployed, the Guarantor/ Sponsor/Guardian must complete line no 9, page 1 and initial with student on all pages and fill in and sign Financial Commitment Form, page 5.*	
11	**Disability Status**	*None, hearing / sight / speech / movement, other (specify)*	
12	**Geographic Area**	*List geographic area that you live in, Gauteng, Kwa Zulu Natal, Eastern Cape, Western Cape, Northern Cape, Limpopo, Polokwane, Free State, Northwest, Mpumalanga, Northern Province, Outside SA*	

	Contact Details		
13	**Physical Address**	*State physical address*	
14	**Postal Address**	*State PO Box, or address where mail is received*	
15	**Home Phone Number**	*One of the following contact details (number 12 – 16 is mandatory to complete*	
16	**Business Phone Number**		
17	**Cell Phone Number**		
18	**Fax Number**		
19	**Email**		
	Educational Details		
20	**Highest Education**	*Overview of qualifications completed*	
	High School Attended		
	Year of matric		
21	**Current Occupation**	*State current or last occupation, if unemployed.*	
22	**Experience**	*Overview of experience in years and fields / areas*	
23	**Years in last Occupation**	*State years:*	

	Programme Details		
24	**Name of Learning Programme**	*Full name of programme, i.e., National Certificate in …*	**SHORT SKILLS DEVELOPMENT COURSE: Early Childhood Caregiver**
25	**Programme Number**	*NLRD number*	**SP-191219, 32 Credits**
26	**NQF Level of programme**	*State NQF Level*	Level 1
27	**Learning programme**	*Qualification, learnership, skills programme, learning programme*	Skills Development

	Module Details – SKILLS SHORT COURSE ECC CERTIFICATE	
28	**Modules**	**COURSE LAYOUT** **Knowledge Modules: 19 CREDITS** 900017-000-01-KM-01, Basic child development within a general framework of development, NQF L1, Credits 6 900017-000-01-KM-02, An environment that promotes optimal development for babies, toddlers and young children, NQF L1, Credits 3 900017-000-01-KM-03- Quality interactive care service for babies, toddlers and young children, NQF L1, Credits 10 **Practical Skills Modules: 13 CREDITS** 900017-000-01-PM-01, Application of child development principles within a specific context, NQF L1, Credits 3 900017-000-01-PM-02, Prepare a suitable environment for babies, toddlers and young children, NQF L1, Credits 5 900017-000-01-PM-03, Implement quality interactive caregiving, NQF L1, Credits 5

Please put a clear black cross next each correct option: -

Alternative ID type	Equity code	Nationality code		Citizen/residence status
521 SAQA member ID 527 Passport No 529 Driver's licence 531 Temporary ID no 533 None 535 Unknown 537 Student no 538 Work permit no 539 Employee no 540 Birth certificate no 541 Human Sciences Research Council register no 561 ETQA record no	BA Black: African BC Black: Coloured BI Black: Indian / Asian U Unknown WH White	Unspecified SA South African SDC SADC except SA (i.e. Nam to ZAI) NAM Namibia BOT Botswana ZIM Zimbabwe ANG Angola MOZ Mozambique LES Lesotho SWA Swaziland MAL Malawi ZAM Zambia MAU Mauritius TAN Tanzania	SEY Seychelles ZAI Zaire ROA rest of Africa EUR European countries AIS Asian countries NOR North American countries SOU Central & South American countries AUS Australia & New Zealand OOC Other and rest of Oceania NOT N/A: Institution	U Unknown SA South Africa O Other D Dual (SA plus other) **Gender Code** M Male F Female

Home language code	Province code	Disability status	Socio-Economic Status
ENG English AFR Afrikaans OTH Other SEP sePedi SES seSotho SET seTswana SWA siSwati TSH tshiVenda U Unknown XHO isiXhosa XIT xiTsonga ZUL isiZulu NDE siNdebele	0 Undefined 1 Western Cape 2 Eastern Cape 3 Northern Cape 4 Free State 5 Kwazulu-Natal 6 Northwest 7 Gauteng 8 Mpumalanga 9 Limpopo	N None 01 Sight (even with glasses) 02 Hearing (even with hearing aid) 03 Communication (talking, listening) 04 Physical (moving, standing, grasping) 05 Intellectual (difficulties in learning); retardation 06 Emotional (behavioural or psychological) 07 Multiple 09 Disabled but unspecified U Unknown	U Unspecified 01 Employed 02 Unemployed 03 Not working – not looking for work 04 Not working – housewife/homemaker 06 Not working – scholar/full time student 07 Not working – pensioner/retired person 08 Not working – disabled person 09 Not working – not wishing to work 10 Not working – none of the above 97 N/A : Aged < 15 98 N/A : Institution

Financial Commitment Form

I_____**; ID**_____ the Student/Guardian/ Sponsor or Guarantor/ECD Center Owner agree to pay all financial obligations incurred by

the student: **Name and Surname of Student:** _____**; ID**_____ participation in this course at **SHILOH Training Pty Ltd. If you, the student will not be the responsible person for monthly payment of your account, your Sponsor, Guarantor or Guardian must complete Part 9, page no 1, initial all pages and fully sign Financial Commitment form. (Attach certified copies of ID of both student and financial responsible person with application.)**

I am aware that the duration of the course is a full 4 months. I will arrange my study program effectively and follow the online learning plan accordingly to schedule provided for full qualification: I will do online learning on **SHORT SKILLS DEVELOPMENT COURSE: EARLY CHILDHOOD CAREGIVER, (SP-191219, NQF LEVEL 1, 32 credits).** I declare that I did study the full ECC-brochure in detail at registration. I will receive e-books and all e-guides, and full training via online learning.

Registration Fee: **R 1 0 0 0 o n c e o f f (NB: if paid at ATM, R1030 for cash handling fees)**
Monthly Fee: **R1000.00 (NB: if paid in cash at ATM, R1030 for cash handling fees)**
Non-refundable registration- and monthly fees.

Bank Particulars: SHILOH TRAINING, FNB BUSINESS CHEQUE ACCOUNT, ACCOUNT NO 6289 738 0582

MONTHLY FEES - to be paid on/before **first day** of each month. Strict Immediate Payments if paid one or more days thereafter**. 7.85% Interest will be charged on monthly late payments.**

PENALTY/EXTENSION PAYMENT - Should you fail to complete your required modules/credits and Practical File within 13 months, or should your account balance be in arrears at the end of the 13 months, you will be charged a penalty payment to cover facilitation/assessor/admin fees/interest on course amount – **R500.00.**

CANCELLATION BY STUDENT - In the event of cancellation, R500.00 will be payable to Shiloh Training (Pty) Ltd. If a student cancels in the first three weeks, no cancellation fee will be charged, but non-refundable registration and monthly fees. If cancellation occurs after three weeks, a student will be required to pay the Cancellation Fee of R500.00 plus any monthly fees, pro-rata in arrears. Written Cancellation Letters to be sent to info@shilohtraining.co.za. If a student cancels on any of the first 14 days of a specific month, the account will be calculated pro-rata per day. But if a student cancels on the 15th day or thereafter, a full month's fee is due on cancellation for that specific month, plus cancellation fee.

Shiloh Training (Pty Ltd has the full and legal right to withhold Statement of Results and the formal certificate until full account and/or any additional fees are paid-up.

.....	.....	.....
SIGNATURE - LEARNER	**SIGNATURE - GUARANTOR**	**DATE**

CODE OF CONDUCT AND AGREEMENT: ECC SHORT COURSE: SP-191219, NQF LEVEL 1

I……., ID No …… agree and will act according:

- Setout rules as per roll out plan and I need to abide by the rules, policies, and procedures of the Shiloh Training (Pty) Ltd and QCTO standard, (policies available on request).
- I will take actively part with my online training and work according to learning programme and meet hand-in dates.
- I will respect and obey WhatsApp Rules, Class Rules, my fellow students and my Facilitator's instructions and privacy always.
- I present SHILOH Training at the approved ECD Centre where I work or where I am doing my Practicals (WIL), therefore I will respect and obey the rules and act in good conduct at the ECD Centre.
- I understand the term plagiarism and declare that I will do my OWN authentic formative and summative activities, except for group work instructions.
- I will pay my fees monthly in cash at ATM or by EFT in Business Bank Account. If my account is not paid-up at the end of the course or if my files are not done, a penalty/extension fee of R500 is payable. In case of Cancellation, I must pay a cancellation fee of R500 and any outstanding fees and if late registered, I will pay in according 4-months plan.
- **To be declared competent:**

  My full course fee of R4000.00 must be paid, either by me or my Guarantor. (I understand that my account must be paid-up at the end of the course, before my last and final assessments will be done.)

  I will do Workplace hours on each module at a one of Shiloh's approved ECD Centers in my town,

  I will work consistently online and attend all my workplace hours on Knowledge, Practical and Workplace modules related to SP-191219.

  I understand that **Shiloh Training (Pty Ltd has the full and legal right to withhold Statement of Results and the formal certificate until full account and/or any additional fees are paid-up.**

……. **…….**

SIGNATURE: STUDENT **SIGNATURE: WITNESS**

DATE: …… **DATE: ……**

……

GUARANTOR/SPONSOR