



REGISTRATION OF LEARNER ON FIREARM SKILLS PROGRAMME

INSTRUCTIONS

1. This form should be completed in full using **BLACK** ink. **PRINT** please.
2. Incomplete or illegible applications will not be processed.
3. A **CERTIFIED COPY** of the applicant's **IDENTITY DOCUMENT** **MUST** be attached to this application.
COPIES OF CERTIFIED COPIES OR FAXED COPIES WILL NOT BE ACCEPTED.
4. Every application is subject to a R20.00 administration fee per learner.
5. The fee is payable to the accredited training provider, who will transfer the funds to SASSETA.
6. Applications will only be processed on receipt of the administration fee.

SUBMISSIONS

Postage

Hand Deliveries

SASSETA: FIREARMS UNIT
P O BOX 7612
HALFWAY HOUSE
1685

SASSETA: LEVEL 3 GALLAGHER HOUSE
GALLAGHER CONVENTION CENTRE
19 RICHARDS DRIVE
MIDRAND

SECTION 1 – LEARNER INFORMATION <i>(MUST be completed)</i>																		
1.1 PERSONAL DETAILS:																		
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other – (Specify):																	
First Names:																		
Middle Name(s):																		
Surname:																		
Identity No:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> </tr> </table>																Type of ID:	<input type="checkbox"/> RSA <input type="checkbox"/> Non-RSA
Nationality:	<input type="checkbox"/> RSA <input type="checkbox"/> Other (Specify):																	
	<i>If OTHER, attach certified copies of documents indicating your status e.g. Permanent residence, Study permit, etc.</i>																	
Date of birth:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> <td style="width: 5%; height: 15px; border: 1px solid black;"></td> </tr> </table>											(ccyy/mm/dd)						
Gender ¹ :	<input type="checkbox"/> Male <input type="checkbox"/> Female																	
Population Group ¹ :	<input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other (Specify):																	
Do you have a disability ² , as contemplated in the Employment Equity Act 55 of 1998 ² ?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Specify):																	
1.2 CONTACT DETAILS: <i>(You must provide at least one phone number where you can be reached. Both physical AND postal addresses MUST be completed.)</i>																		
Tel No (H):		Tel No (W):																
Mobile No:		Fax No:																
E-mail:																		
Physical Address:																		
			Code:															
Postal Address:																		
			Code:															
Municipality:																		
Province:	<input type="checkbox"/> Eastern Cape <input type="checkbox"/> Free State <input type="checkbox"/> Gauteng <input type="checkbox"/> KwaZulu-Natal <input type="checkbox"/> Limpopo <input type="checkbox"/> Mpumalanga <input type="checkbox"/> Northern Cape <input type="checkbox"/> North West <input type="checkbox"/> Western Cape																	
1.3 SCHOOL QUALIFICATIONS¹:																		
Highest school qualification:																		
School where qualification was obtained:																		
1.4 LANGUAGES¹:																		
Home Language:																		

¹ Required for statistical and reporting purposes.

² The Employment Equity Act, 55 of 1998, defines a *disability* as a long-term or recurring physical or mental impairment, which substantially limits prospects of entry into, or advancement in, employment.

SECTION 2 – SKILLS PROGRAMME: <i>(Please tick the applicable box/es)</i>										
CATEGORY 1										
Tick (✓)	<input type="checkbox"/>	Unit Standard Title	Knowledge of the Firearms Control Act (Act No 60 of 2000)						SAQA ID:	117705
CATEGORY 2										
Tick (✓)	<input type="checkbox"/>	Unit Standard Title	Handle and use a handgun						SAQA ID:	119649
Tick (✓)	<input type="checkbox"/>	Unit Standard Title	Handle and use a self-loading rifle or carbine						SAQA ID:	119650
Tick (✓)	<input type="checkbox"/>	Unit Standard Title	Handle and use a manually operated rifle or carbine						SAQA ID:	119651
Tick (✓)	<input type="checkbox"/>	Unit Standard Title	Handle and use a shotgun						SAQA ID:	119652
CATEGORY 3										
Tick (✓)	<input type="checkbox"/>	Unit Standard Title	Handle and use a handgun for business purposes						SAQA ID:	123515
Tick (✓)	<input type="checkbox"/>	Unit Standard Title	Handle and use a self-loading rifle or carbine for business purposes						SAQA ID:	123511
Tick (✓)	<input type="checkbox"/>	Unit Standard Title	Handle and use a manually operated rifle or carbine for business purposes						SAQA ID:	123519
Tick (✓)	<input type="checkbox"/>	Unit Standard Title	Handle and use a shotgun for business purposes						SAQA ID:	123514
OTHERS										
Tick (✓)	<input type="checkbox"/>								SAQA ID:	
Tick (✓)	<input type="checkbox"/>								SAQA ID:	
Enrolment Date									Student Number:	

SECTION 3 – SKILLS DEVELOPMENT PROVIDER: <i>(MUST be completed)</i>									
Skills Development Provider's Registered Name:									
SASSETA ETQA Accreditation Number:									
Other ETQA Accreditation Number: <i>(if applicable)</i>									
CONTACT PERSON:									
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other – (Specify):								
Surname:					Name/s:				
Tel No:					Fax No:				
E-mail:									

DECLARATION BY APPLICANT <i>(MUST be completed)</i>
<p>I ----- (full names), declare, to the best of my knowledge, that all the information provided is complete and correct. Signed at ----- on this, the ----- day of ----- 20-----.</p> <p>_____ Applicant Learner (Signature)</p>

Payment should be made to:
 Account holder: SASSETA
 Bank: NEDBANK
 Account: 1686 145209
 Branch: Midrand
 Branch code: 168 642