



OCCUPATIONAL CERTIFICATE: FINANCIAL MARKETS PRACTITIONER

Learnership Number 01/Q010044/00/120/7
SAQA Qualification ID 93603
NQF LEVEL 7

LEARNER APPLICATION FORM

LEARNER DETAILS

Before completing this application form, please read the Employer and Learner Guide. Please complete all the fields and attach all the required supporting documentation. Failure to do so may delay your registration as learner.

If you have any queries regarding this application, please contact SAIS on:

email: learnership@sais.co.za

Tel: 011 853 8700

Title	Mr	Ms
	Mrs	Miss
Other: (Please specify)		
<hr/>		
Surname	<hr/>	
First name(s)	<hr/>	
Middle name(s)	<hr/>	
Initials	<hr/>	
Nationality	South African	
Other: (Please specify)		
<hr/>		
ID number (SA citizens only)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Alternative ID type (NonSA citizens)	<hr/>	
Alternative ID number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Home language	Afrikaans	Sesotho
	English	Setswana
	IsiNdebele	Siswati
	IsiXhosa	Tshivenda
	Sepedi	Xistsonga
	IsiZulu	
Other: (Please specify)		
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Initials

Physical address

Postal code:

Municipality

Province

Is this address in an urban or rural area? Urban Rural

Postal address

Postal code:

Municipality

Province

Is this address in an urban or rural area? Urban Rural

Telephone number (home)

Telephone number (work)

Cell number

Email address (work)

Email address (personal)

Race African Indian

Coloured White

Other: (Please specify)

Gender: Male Female

Do you have a disability as contemplated by the Employment Equity Act? Yes No

If you answered YES to the previous question, please provide details regarding your disability

	1 - No difficulty	2 - Some difficulty	3 - A lot of difficulty	4 - Cannot do at all	5 - Don't know	6 - Not yet determined
Seeing						
Hearing						
Communicating						
Walking						
Remembering						
Selfcare						

EDUCATIONAL INFORMATION

Grade 12 (matric)

Year in which you passed Grade 12

School at which you passed Grade 12

City/town in which this school is situated

Province in which this school is situated

Is this school in an urban or rural area?

Urban

Rural

Please provide the following information regarding qualification(s) that you have obtained after Grade 12

Qualification 1

Name of qualification

Year of enrolment

Year of completion

Institution

Was this a learnership? (Yes/no)

Yes

No

Name of employer/
workplace provider (if
learnership)

Qualification 2

Name of qualification

Year of enrolment

Year of completion

Institution

Was this a learnership?
(Yes/no)

Yes

No

Name of employer/
workplace provider (if
learnership)

Qualification 3

Name of qualification

Year of enrolment

Year of completion

Institution

Was this a learnership?
(Yes/no)

Yes

No

Name of employer/
workplace provider (if
learnership)

If you are a member of a professional body, please specify the body and years of membership

Name of professional body

Years of membership

EMPLOYER AND SKILLS DEVELOPMENT PROVIDER DETAILS

Please provide the details of the employer who will provide the workplace experience for this learning programme and the skills development provider (SDP) with whom you will enrol for the knowledge and practical skills components of the qualification.

EMPLOYER DETAILS

Name of employer		
Employer address 1		
Employer address 2		
Employer address 3		
Name of contact person		
Tel number of contact person		
Cell number of contact person		
SETA with which employer is registered		
Have you and the employer entered into a learnership agreement?	Yes	No
Have you been employed in the six months before entering this learnership?	Employed	Unemployed

SKILLS DEVELOPMENT PROVIDER (SDP) DETAILS

Name of SDP	
Date of enrolment	
Student number	

DECLARATION

I confirm that the information in this application (and supporting documentation) is, to the best of my knowledge, true and correct. I agree that:

- a) If, at any time, I become aware that any of the information in this application (or supporting documentation) is incorrect or that it has changed in any way, I will notify SAIS immediately.
- b) If the information in this application (or supporting documentation) is incorrect, the application may be noted as invalid and SAIS shall not be bound by any decision it has reached based on such information.
- c) SAIS is entitled to suspend my entrance to the EISA (External Integrated Summative Assessment) while an investigation is held in terms of my eligibility for the EISA.
- d) I may be subject to disciplinary action by SAIS in respect of any incorrect or false information provided in this application.
- e) I consent, acknowledge and authorise SAIS to process my personal information in accordance to the Protection of Personal Information Act (2013) for the purposes of all requirements of a Professional Body, in this instance SAIS. I understand that withholding of or failure to disclose personal information will result in SAIS being unable to perform its function and/or any services or benefits as I may require from SAIS. I understand the terms of POPI and all other laws of the country and that there are instances where my express consent is not required in order to permit the processing of personal information, which may be related to police investigations, litigation or when personal information is publicly available. I will not hold SAIS responsible for any improper or unauthorised use of personal information that is beyond its reasonable control.

SIGNATURE

DATE

ATTACHMENTS REQUIRED

- Certified copy of identity document
- Certified copy of qualification certificates
- Original learnership agreement (signed by all parties)
- Copy of contract of employment (signed by learner and authorised signatory of the organisation)

Please ensure that the application is completed in full including all supporting documentation and submitted to: learnership@sais.co.za

Please confirm receipt of application and all supporting documents