



ABET Levels 1 – 3

2011 National Examinations and Examinations-on-Request

Learner Registration Form

Please Tick the appropriate examination	
February Exam-on-Request	
March Exam-on-Request	
April Exam-on-Request	
June National Exams	
August Exam-on-Request	
September Exam-on-Request	
November National Exams	
December Exam-on-Request	

Centre Number:

Name of Centre :

Personal details of a learner (as per ID)

Surname :

First Names :

Gender : ☐ F ☐ M (Tick appropriate block)

Race : ☐ Asian ☐ Black ☐ Coloured ☐ Indian ☐ White (Tick appropriate block)

Date Of Birth : YYYYMMDD

Identity Number :

Identity Type : (i.e RSA, Botswana) _____

Immigrant : ☐ YES ☐ NO (Tick appropriate block)

NB: Please attach a copy of your ID

PERMANENT CONTACT ADDRESS:

POSTAL CODE:

Learning areas entered for:	Learning Area Code

Learner's Signature: _____ Date: _____

I certify that the above information is correct, and that the copy of my Identity Document is attached.

Facilitator's Signature: _____ Date: _____