

# Learner Information Form



This form has been designed, according to SAQA specifications, to transmit basic information about learners, independent of enrolment, qualifications or completion data. Providers are urged to supply this information by completing the form below and then submit to the ETQA.

**OFFICIAL USE ONLY**

Date Received	
Date Captured	
Signature	

National ID		Alternative ID type	
Learner Alternate ID			
Equity Code		Nationality Code	Gender Code
Citizen Resident Status Code			
Home Language Code		Socioeconomic Status Code	
Disability status Code			
Learner Last Name			
Learner First name			
Learner Middle name			
Learner Title		Learner Birth Date	Y Y Y Y M M D D
Learner Home Address			
Learner Postal Address			
Learner Home Address Postal Code		Learner Postal Address Post Code	
Learner Phone number			
Learner Cell Phone Number			
Learner fax Number			
Learner Email Address			
Province Code		Provider ETQA ID	
Provider Code			
Learner Previous Lastname			
U.S./Learning Programme/Course/Qualification Title			
U.S./Qualification ID		NQF Level ID	
Please indicate date when Summative Assessment will be completed		Y Y Y Y M M D D	
Assessor ID			
Date Stamp	Y Y Y Y M M D D		