

Section A: Entity or Person Paying for the Training

Note:

- *Company enrolment please complete in full.*
- *Individual are to complete all the fields except where company details such as company name, etc are required.*

Company Name			
Tel No		Fax No	
Company Email		Website	
Postal Address			
	Code		
Physical Address			
	Code		
Province			
VAT Number		Company Registration No	
Purchase Order No.			<i>Please attach order form where relevant</i>
Name of Person Responsible for Payment			
Telephone No of Person Responsible for Payment			
Email of Person Responsible for Payment			
Tel No		Fax No	
Authorisation of Training (Company Representative or Individual)			
Signature			
Full Name in Print			
ID Number		Date	

Section B: Programmers' Enrolling For:

Module 1 :	Communication Skills	NQF Level	Credits	Start Date	End Date	Duration
110023	Present information in report format	L4	6			
Module 2 :	Mathematical Skills					
9010	Demonstrate of the use of different number bases measurement unites	L3	2			
Module 3:	Basic Computer & Ergonomic					
117925	Describe the concept of information and communication Technology(ICT)	L2	3			
Module 4:	Word Processing to format Document					
117924	Use a Graphical User Interface(GUI) based word Processor to format documents	L2	5			
Module 5:	Electronic email in a business environment					
114984	Require learners who use e-mail in a business environment.	L3	2			
116935	Enhance, edit and organize electronic messages using a Graphic user Interface(GUI)	L2	2			
116945	Using electronic mail to send and receive messages.	L2	2			
Module 6:	Graphical User Interface(GUI)-based database Application					
116936	Use a Graphical user Interface(GUI)-based data application to work with simple databases	L3	3			
116937	Use a graphic User Interface (GUI)-based spreadsheet application to create and edit spreadsheet.	L2	4			
116940	Using a graphic User Interface(GUI)-based spreadsheet application to solve a given problem	L3	6			
116943	Using graphic User interface (GUI)-based spreadsheet application, enhance the functionality and apply graphic/charts to a spreadsheet.	L4	3			
258879	Change the appearance of a spreadsheet	L3	3			
Module 7:	Graphic Interface(GUI)-Based on Presentation					
116930	Using Graphic interface (GUI)-based on presentation application to enhance presentation appearance	L3	5			
117923	Using graphic interface(GUI)- based presentation application to prepare and produce a presentation according to a given brief	L2	5			
258880	Utilise special features to enhance presentation	L3	3			
Module 8:	Principles of the internet and world-wide web					
115391	Demonstrate an understanding of the internet and the world-wide web	L4	3			
116931	Using graphic user interface (GUI)-based web-browser to search the internet					
Module 9:	HIV/AIDS in a workplace and its effects on a business sub-sector					
13915	Demonstrate knowledge and understanding of HIV/AIDS in a workplace, and on a business sub- sector, own organisation and a specific workplace					

Section C: Learner Details

Personal Details											
Surname (Last Name)											
Previous Surname											
First Name											
Middle Name		Title (Mr/Mrs, etc.)									
ID No.		<i>Learners must please submit a certified copy of their ID</i>									
Alternative ID Type (please tick box) if applicable											
SAQA Member ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Driver's License	<input type="checkbox"/>						
Temporary ID	<input type="checkbox"/>	None	<input type="checkbox"/>	Unknown	<input type="checkbox"/>						
Student Number	<input type="checkbox"/>	Work Permit	<input type="checkbox"/>	Employee No.	<input type="checkbox"/>						
Birth Cert.	<input type="checkbox"/>	HSRC Register	<input type="checkbox"/>	ETQA Record	<input type="checkbox"/>						
Alternative ID No.		Date Birth									
Nationality (please tick box)											
Unspecified	<input type="checkbox"/>	South Africa	<input type="checkbox"/>	Namibia	<input type="checkbox"/>	Botswana	<input type="checkbox"/>				
Angola	<input type="checkbox"/>	Mozambique	<input type="checkbox"/>	Lesotho	<input type="checkbox"/>	Swaziland	<input type="checkbox"/>				
Zambia	<input type="checkbox"/>	Mauritius	<input type="checkbox"/>	Tanzania	<input type="checkbox"/>	Seychelles	<input type="checkbox"/>				
Europe	<input type="checkbox"/>	Central and South America	<input type="checkbox"/>	Australia & N. Zealand	<input type="checkbox"/>	Rest of Africa	<input type="checkbox"/>				
Citizen Resident Status (please tick box)		Unknown	<input type="checkbox"/>	South Africa	<input type="checkbox"/>	Other	<input type="checkbox"/>	Dual (SA plus Other)	<input type="checkbox"/>		
Gender (please tick box)		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>						
Equity (please tick box)											
Black African	<input type="checkbox"/>	Black Colored	<input type="checkbox"/>	Black Indian	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	White	<input type="checkbox"/>		
Home Language (please tick box)											
<input type="checkbox"/>	Afrikaans	<input type="checkbox"/>	English	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Russian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	isiXhosa
<input type="checkbox"/>	Arabic	<input type="checkbox"/>	French	<input type="checkbox"/>		<input type="checkbox"/>	sePedi	<input type="checkbox"/>	siSwati	<input type="checkbox"/>	xiTshonga
<input type="checkbox"/>	Bulgarian	<input type="checkbox"/>	German	<input type="checkbox"/>	Masai	<input type="checkbox"/>	seSotho	<input type="checkbox"/>	Swedish	<input type="checkbox"/>	isiZulu
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Greek	<input type="checkbox"/>		<input type="checkbox"/>	seTswana	<input type="checkbox"/>	tshiVenda		
<input type="checkbox"/>	Danish	<input type="checkbox"/>	Hebrew	<input type="checkbox"/>	isiNdebele	<input type="checkbox"/>	Swahili	<input type="checkbox"/>	Urdu		
<input type="checkbox"/>	Dutch	<input type="checkbox"/>	Hindi			<input type="checkbox"/>	Shona				
Disability Status (please tick box)											
<input type="checkbox"/>	None	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Emotional	<input type="checkbox"/>	Unspecified		
<input type="checkbox"/>	Sight	<input type="checkbox"/>	Communication	<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	Multiple	<input type="checkbox"/>	Status Unknown		
Socio-Economic Status (please tick box)											
<input type="checkbox"/>	Unspecified Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Student Retired	<input type="checkbox"/>	Unemployed - Disabled	<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>	Homemaker								

Employment Details	
Company	From - To

Learner Contact Details			
Tel No. (H)		Tel No. (W)	
Cell No.		Fax No.	
Email			
Physical Address			Code
Physical Address where the certificate must be couriered to			Code
Postal Address			Code
Centre / Municipality			
Province			
Undefined <input type="checkbox"/> Western Cape <input type="checkbox"/> Eastern Cape <input type="checkbox"/>	Northern Cape <input type="checkbox"/> Free State <input type="checkbox"/> Kwazulu-Natal <input type="checkbox"/>	North West <input type="checkbox"/> Gauteng <input type="checkbox"/> Mpumalanga <input type="checkbox"/>	Limpopo <input type="checkbox"/> SA National (Province not specified) <input type="checkbox"/> Outside SA <input type="checkbox"/>
School Qualifications			
Highest School Qualification			
School Attended			
Tertiary Qualifications			
Qualification 1			Year
Institution			
Qualification 2			Year
Institution			
Qualification 3			Year
Institution			

Employment Details	
Company	From - To

Section D: Special Needs & Dietary Requirements for those attending training at Qs Web Computer School

Special Needs for Training taking place at Qs Web Computer School		
Do you require wheelchair access?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please give details:		

Do you have any special needs we need to be aware of?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please give details:

Documents Needed:

- 1) Certified copy of ID
- 2) Certified Matric Results or Equivalent
- 3) Summarized Copy of your C.V

Person Responsible for payment names _____

Person Responsible for payment Signature _____

Learner's Signature _____

Banking Details:

Bank Name: Capitec
 Bank Holder name: Q's Web Business
 Account Number: 1054 7178 26
 Account Type: Savings account

Reference: Name and Surname

