

LEARNER PROFILE
(MUST INCLUDE COLOUR ID COPY)

Programme:													
Surname:													
First Names:													
ID Number:													
Date of Birth:	y	y	m	m	d	d							
Gender:	Male <input type="checkbox"/>						Female <input type="checkbox"/>						
Title (Ms, Mrs, Mr):													
Contact Number 1:													
Contact Number 2:													
E-mail Address:													
Physical Address:													
Postal Address:													
Medical Conditions: (Allergies, Epilepsy, High / Low Blood Pressure, Color Blindness, Claustrophobia, Vertigo, Cholesterol, etc.) If yes, state the nature:													
Disability: If yes, state the nature:													
Years' Work Experience:													



ARTISAN DEVELOPMENT

Employment Status:	Employed <input type="checkbox"/>		Un-Employed <input type="checkbox"/>		
First Language:	English <input type="checkbox"/>	Xhosa <input type="checkbox"/>	Afrikaans <input type="checkbox"/>	Zulu <input type="checkbox"/>	Other <input type="checkbox"/>
Second Language:	English <input type="checkbox"/>	Xhosa <input type="checkbox"/>	Afrikaans <input type="checkbox"/>	Zulu <input type="checkbox"/>	Other <input type="checkbox"/>
Highest Grade Passed at School:	Grade 9 <input type="checkbox"/>	Grade 10 <input type="checkbox"/>	Grade 11 <input type="checkbox"/>	Grade 12 <input type="checkbox"/>	
Specify Tertiary or Other Qualification					
Specify Subjects Completed:					
Last School Attended:					

English	Poor	Good	Excellent
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write / Comprehend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	
Number of Dependents:				
Race:	Black <input type="checkbox"/>	White <input type="checkbox"/>	Colored <input type="checkbox"/>	Asian <input type="checkbox"/>
Next of Kin Name and Surname:				
Contact Number:				

Please indicate relevant Option with X

Signature:		Date	
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