

SASSETA SKILLS DEVELOPMENT FACILITATOR REGISTRATION FORM

This form should be completed for each SDL-number of EVERY organisation with which the SDF is to be associated as SDF, regardless of whether there is more than one SDL-number for a company or not. SDF's are advised to ensure that they all have the relevant SDL numbers and to check that the organisations SDL-numbers are correctly registered with SASSETA (SETA 19) to avoid inconvenience at a later stage. Enquiries: Tel (011) 347-0200

Please return this form to: SASSETA, P.O. BOX 7612, Halfway House, 1865. Fax (011) 805-6630

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Title:								
Surname:								
Name:								
National ID No:								
Tel No (w):					()			
Tel No (h):					()			
Fax No:					()			
Cell phone No:								
					Postal address:	[
Physical								
Address:								
						Code:		
E-mail:								
Gender		Population Group		Disabled	Relationship with Employer			
Male Africar								
□ Female □ As		Asian 🗆	White	□ No	Consultant			
Current Job	Title):						
Highest Level of Education:								
□ NQF level 1 (Equivalent to Grade 9, OR STD 7) □ NQF level 5 (Diploma OR Occupational								
Certificate)								
□ NQF level 2 (Equivalent to Grade 10, OR STD 8) □ NQF level 3 (Equivalent to Grade 11, OR STD 9) □ NQF level 7 (Higher Degree OR Professional								
Qualification)								
□ NQF level 4 (Equivalent to Grade 12, OR STD 10) □ NQF level 8 (Doctorate OR Further Research								
Degree)								
Please specify your major field of study:								
Please indicate how you were appointed as SDF?								
Appointed by:								
Position:								
Date of Appointment as SDF:								

Have you received training for any of the following?	 Skills Development Facilitator Assessor Moderator If yes please attach a copy of the ETDP SETA Statement of Results 							
Please complete the following for all organisations for which you will be the Skills Development Facilitator								
SDL Number	Registratio	n Name of Organisation	SDF Capacity					
L 0 7			DM DS DO					
Key: M-Managing SDF S- Subordinate SDF O-Only SDF								
AUTHORISATION								
Authorisation is to be completed by a duly authorised representative of the organisation.								
Appointment of SDF Authorised by:		Designation						
Name:								
Signature and Date:								