



S . L . I . F .

Non-Profit Organisation
Registration No.006-598/5064 NPO

SIYAVUKA LATERAL IMPROVEMENT FOUNDATION

Ceramic Art Education Programme in South Africa in Association with the Gauteng Department of Education

Cnr. Khumalo and Phera Streets, White City, Jabavu, Soweto * P.O. Box 36 Newtown, Johannesburg 2000
Tel: (011) 982-6375 * Fax: (011) 982-2188 * E-mail: slifsa@sn.apc.org

SLIF Learner Registration Form

Completing this Learner Registration Form

1. Please print in black ink.
2. Attach a certified copy of the main page and photograph.
3. Please fill all sections.
4. Please keep a copy of this document and return the original to SLIF.

ID PHOTO

{A} BIOGRAPHICAL DETAILS							
First Name							
Surname							
National Identity Number							
Alternative Identity Documents	Type			ID Number			
Note: Birth Certificate Numbers, Temporary ID Numbers and Passport Numbers are acceptable if National ID is not available.							
Age							
Equity Group	African		Indian		Coloured		White
Gender							
Disabilities if any							
Marital status							
Dependants							
Home Language							
Preferred Tuition Language							

{B} CONTACT DETAILS	
Residential Address	
Postal Address	

Contact Numbers	{Home} {Cell}
Next of Kin	
Relationship	
Residential Address	
Contact Numbers	{Home} {Cell}

{C} FERENCE & SELF EMPLOYED LEARNERS	
To be completed by learners who are art of or associated with formal or informal arts groups, arts companies, collaborations, emerging micro-enterprises {e.g. craft production groups}	
Name of Organisation, art group or company	
Type of Activity involved in	
How many people are involved in the group	
Is the organisation, group or company registered?	
If registered – what is the nature of the legal entity? [e.g. section 21/NPO, Trust etc]	
Business Phone	
Business Fax	
Email Address	
Postal Address	
Physical Address	
Person In charge	

{D} EDUCATIONAL HISTORY OF LEARNER	
{A} School Career	
Highest Standard/Grade passed	
Year	
School	
Did you Study any art subjects at School	

If Yes, elaborate	
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{E} Further Educational and Training	
1. Qualification	
Institution	
Duration	
Year Obtained	
2. Qualification	
Institution	
Duration	
Year Obtained	

EMPLOYMENT HISTORY OF LEARNER	
1. Employer/ Company Name	
Position Held	
Duration	
Reason for Leaving	
2. Employer/ Company Name	
Position Held	
Duration	
Reason for Leaving	
3. Employer/ Company Name	
Position Held	
Duration	
Reason for Leaving	

DECLARATION	
I,..... hereby state that the information contained above is correct.	
Learner Signature	
Date	
Witness	
Date	

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