**LEARNER REGISTRATION FORM FOR EISA**

**(External Integrated Summative Assessment)**

*Please attach the following:*

* *A copy of your Identification Document (ID or driver’s license)*
* *A copy of your CV*
* *Statement of Results (SoR) as issued by the Skills Development Provider*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | |
| SURNAME: |  | | | | | | | | | | | | | | | | | |
| FULL NAMES: |  | | | | | | | | | | | | | | | | | |
| ID NUMBER: **or** |  | | | | | | | | | | | | | | | | | |
| PASSPORT NUMBER: |  | | | | | | | | | | | | | | | | | |
| EMAIL: |  | | | | | | | | | | | | | | | | | |
| CONTACT TEL/MOBILE: |  | | | | | | | | | | | | | | | | | |
| SA CITIZEN (Yes/No): |  | | | | | | | | | | | | | | | | | |
| IF NO, COUNTRY OF ORIGIN: |  | | | | | | | | | | | | | | | | | |
| AGE AS AT 31 DECEMBER: |  | | | | | | | | | | | | | | | | | |
| SPECIAL ASSESSMENT NEEDS: (accompanied by a medical certificate/letter, if required) |  | | | | | | | | | | | | | | | | | |
| RACE: | BLACK: |  | WHITE: | | |  | COLOURED: | | |  | | ASIAN: | |  | | OTHER: | |  |
| GENDER: | MALE: | | | | | |  | FEMALE: | | | | | | | | | |  |
| HOME LANGUAGE: |  | | | | | | | | | | | | | | | | | |
| PHYSICAL ADDRESS: |  | | | | | | | | | | | | | | | | | |
| **ENTRANCE TO EXTERNAL INTEGRATED SUMMATIVE ASSESSMENT** | | | | | | | | | | | | | | | | | | |
| If sponsored, Name and Address of Company: |  | | | | | | | | | | | | | | | | | |
| Name of SDP (Skills Development Provider): |  | | | | | | | | | | | | | | | | | |
| Address of SDP (Skills Development Provider): |  | | | | | | | | | | | | | | | | | |
| Statement of Results attached  (either from SDP or RPL) | Yes: | | |  | | | | | No: | | | | | |  | | | |
| Competence in: | Knowledge: | | |  | Practical: | | | | | |  | | Workplace: | | | |  | |
|  |  | | | | | | | | | | | | | | | | | |
| **DETAILS OF EXTERNAL INTEGRATED SUMMATIVE ASSESSMENT** | | | | | | | | | | | | | | | | | | |
| Title of Qualification: | Occupational Qualification: Compliance Officer | | | | | | | | | | | | | | | | | |
| SAQA ID: | 91671 | | | | | | | | | | | | | | | | | |
| Date of EISA: |  | | | | | | | | | | | | | | | | | |
| Time of EISA: |  | | | | | | | | | | | | | | | | | |
| Name of Assessment Centre: |  | | | | | | | | | | | | | | | | | |
| Address of Assessment Centre: |  | | | | | | | | | | | | | | | | | |
| Accreditation Number of Assessment Centre: | QCTO/OQAC/15/0001 | | | | | | | | | | | | | | | | | |
| **IF YOU WANT TO ALSO APPLY FOR THE CPRAC (SA) DESIGNATION PLEASE COMPLETE THIS SECTION** | | | | | | | | | | | | | | | | | | |
| **Please answer Yes/No to the questions below:** | | | | | | | | | | | | | | | | | | |
| I am a registered member of the Compliance Institute SA |  | | | | | | | | | | | | | | | | | |
| Upon passing the EISA exam, I can then start the application process for the designation and follow the application process |  | | | | | | | | | | | | | | | | | |
| I am aware that I will have to pay a non-refundable assessment fee as indicated by CISA |  | | | | | | | | | | | | | | | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEARNER SIGNATURE DATE