

**Skills Development Provider**

Registration Number 2017/169770/08 NPC  
 Registration Number 277-967 NPO  
 Occupational Certificate: Chemical Laboratory Analyst

**LEARNER REGISTRATION FORM 2023**

**PLEASE NOTE THAT A NON-REFUNDABLE REGISTRATION FEE OF R 900.00 TOGETHER WITH THE FIRST MONTHLY INSTALMENT OF R3000.00 IS PAYABLE ON SUBMISSION OF THIS REGISTRATION FORM.**

**INSTRUCTIONS:**

Please **PRINT CLEARLY** and **LEGIBLY**. This information is necessary to register you as a learner with SAQA and therefore must be **ACCURATE** and **CORRECT**. **ALL SECTIONS MARKED WITH \* ARE COMPULSORY FIELDS**.  
 Please tick (✓) the appropriate box.

**SECTION 1: LEARNER PERSONAL DETAILS**

<b>REGISTRATION YEAR</b>	2023	<b>TITLE:</b>	Miss Mrs Ms Mr
<b>LEARNER SURNAME *</b> <i>Print name clearly as in SA ID book</i>			
<b>LEARNER FIRST NAME *</b> <i>Print name clearly as in SA ID book</i>			
<b>MAIDEN SURNAME</b> <i>(If married)</i>			
<b>NAME YOU ARE KNOWN BY</b>			
<b>IDENTITY NUMBER *</b>			
<b>NATIONALITY *</b>			
<b>GENDER *</b>	M F	<b>HOME LANGUAGE*</b>	
<b>POPULATION GROUP*</b> <i>(SAQA Req.)</i>	African	Asian Coloured	Indian White Other:
<b>MARITAL STATUS* (SAQA Required)</b>	Single Married	Divorced	Widowed Other:

<b>CURRENT STATUS*</b> (SAQA Required)	Employed    Unemployed    Student    Other:			
<b>DISABILITY</b> (Required by SAQA)	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>If Yes, please specify the nature of disability:</td> </tr> </table>	Yes	No	If Yes, please specify the nature of disability:
Yes	No	If Yes, please specify the nature of disability:		
<b>HAVE YOU EVER REGISTERED FOR THIS COURSE BEFORE?</b>	Yes    No <b>If Yes,</b> <b>Name of institution:</b> <b>Date of registration:</b>			

**SECTION 2: CONTACT DETAILS**

<b>PHYSICAL ADDRESS</b>												
	City <span style="float: right;">Area Code:</span>											
<b>POSTAL ADDRESS</b> <i>(if different from physical address)</i>												
	City <span style="float: right;">Area Code:</span>											
<b>NAME OF MUNICIPALITY</b>												
<b>LANDLINE NUMBER</b>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
<b>CELL NUMBER ***</b>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
<b>EMAIL ADDRESS</b>												

**SECTION 3: EMPLOYER DETAILS (If applicable)**

<b>PLACE OF EMPLOYMENT</b>	
<b>EMPLOYER'S NAME</b>	
<b>PHYSICAL ADDRESS</b>	
	City Area Code:
<b>POSTAL ADDRESS</b> <i>(if different from physical address)</i>	
	City Area Code:
<b>CELL NUMBER</b>	

**SECTION 4: UPLOAD CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS**

1. **MATRIC CERTIFICATE, MATRIC STATEMENT OF SYMBOLS OR N3 CERTIFICATE**
2. **COPY OF YOUR IDENTITY DOCUMENT**
3. **PROOF OF YOUR RESIDENTIAL ADDRESS**

**SECTION 5: KNOWLEDGE AND PRACTICAL MODULES (FIRST SEMESTER 2023)**

**NOTE:** The course fees **exclude** R 900 registration fee

<b>QUALIFICATION MODULES: JANUARY – JUNE 2023</b>		<b>MODULE FEES</b>	<b>MONTHLY INSTALMENT</b>
1.	KM-01: Fundamentals of Sampling and Sample Preparation (Credits 6)	R 1 590	R 265
2.	KM-02: Introduction to Analytical Chemistry (Credits 11)	R 2 910	R 485
3.	KM-04: Applied mathematics, science and physics for chemical laboratory analyst (Credits 16)	R 4 236	R 706
4.	PM-01: Collect a range of samples (Credits 7)	R 1 854	R 309
5.	PM-02: Execute primary and secondary sample preparation as required for the relevant analytical processes (Credits 8)	R 2 118	R 353
6.	PM-03: Analyse samples in a chemical laboratory using basic analytical methods and equipment (Credits 20)	R 5 292	R 882
<b>TOTAL</b>		<b>R 18 000</b>	<b>R 3 000</b>

**SECTION 6: PAYMENT OPTIONS**

FDA offers 10% discount on course fees if the total amount is paid upfront

**PLEASE NOTE**

- A non-refundable Registration Fee of **R 900.00** is payable on submission of this registration form **together with first month Instalment of R3000.00**.
- All payments are **due by the 7th day of each month**.
- Outstanding payments will result in the learner's assignment and tests **not being assessed**; and will thus impact on the learner's graduation.
- **Ensure that you have read and understood FDA Cancellation Policy (Annexure A) before signing the declaration.**

## **SECTION 7: FINANCIAL AGREEMENT**

FDA will provide you with a monthly statement reflecting all monies received and any outstanding fees. Course fees must be paid by the **7th day of each month**. Should your account be overdue, FDA reserves the right to:

- 1) withhold providing official transcript
- 2) withhold the awarding of any qualification
- 3) withhold future registration privileges
- 4) prohibit you from attending classes
- 5) commence with collection and legal proceedings against you resulting in additional costs

Should you withdraw from the course, any refund will be processed according to FDA Cancellation Policy. By signing this financial agreement, you are acknowledging that you are solely responsible for the payment of the course fees and any other payments. You acknowledge that you fully understand and agree that regardless of any third party (e.g. your employer or parent/guardian) paying for your course fees, you are and remain personally responsible for paying any and all balances due to FDA.

## **SECTION 8: PERSON RESPONSIBLE FOR PAYMENT OF COURSE FEES**

**This section is to be completed by the person responsible for the payment of the course fees (e.g. parent, guardian, sponsor, etc.)**

<b>FULL NAME</b>	
<b>RELATIONSHIP TO THE LEARNER</b>	
<b>CELL NUMBER</b>	
<b>EMAIL ADDRESS</b>	
<b>SIGNATURE</b>	
<b>DATE</b>	

## **SECTION 9: BANKING DETAILS**

Please make all payments in favour of:

**Account Holder:** Funulwazi Development Academy (FDA)  
**Account Number:** 6274 3977 962  
**Bank:** First National Bank  
**Bank Branch:** Davenport Bank  
**Branch Code:** 250 655

**IMPORTANT:** Use your ID number as reference when making payment. Payment must only be made into FDA's bank account provided above. No cash will be accepted by FDA representatives.

## **SECTION 10: HEAD OFFICE AND BRANCH CONTACT DETAILS**

87 River Drive  
Carrington Heights Durban  
4001.  
Tel: (031) 261 8118  
Email: [info@funulwazi.co.za](mailto:info@funulwazi.co.za)  
Website: [www.funulwazi.co.za](http://www.funulwazi.co.za)

## **SECTION 11: REGISTRATION CHECKLIST**

**NOTE:** Before submitting this registration form, please ensure that you have attached the following mandatory documentation. Your registration **will not be processed** unless these are submitted. Tick the appropriate column.

1. <u>Certified</u> copy of your Identification Document	
2. <u>Certified</u> copy of your Matric Certificate, N3 Certificate or Statement of Symbols	
6. Proof of Registration fee of R900.00 plus R3000.00 first monthly Instalment	
8. Acknowledgement of receipt of Cancellation Policy	

## LEARNER DECLARATION

I, \_\_\_\_\_ (Full Name) hereby confirm that I have read and understood the above terms and conditions of this financial agreement, and by signing this document, I am agreeing to be bound by all the terms of this agreement, thereby obligating me to pay all outstanding balances that I may incur with TLC now and in the future.

**LEARNER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NOTE:**

Under 21 years of age students must co-sign this registration form with a parent or guardian before submission.

**NAME OF PARENT/GUARDIAN:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_