



Shekinah Home Care

Reg.no.2006/107959/23
Cnr Fergus & Olive Roads
Valhalla, Pretoria,0185
Cell. 084 766 4657

REGISTRATION FORM APPLICATION – COMMUNITY HEALTH WORK NQF LEVEL 2 – 68 CREDITS SAQA ID No 104779

YOU WILL NEED THE FOLLOWING TO REGISTER:

- Certified Copy of your last grade passed
- Certified Copy of your ID / Passport with permit / Asylum
- 2 X ID size photos
- Non-refundable Registration fee R1800
- Non- refundable Deposit R1500

WHAT ARE THE ENTRY REQUIREMENTS?

- Grade 10
- English communication Abet level 3

1. PERSONAL DETAILS

1.1 Full Christian Names:

1.2 Name by which you are known:

1.3 Surname: _____ Sex: _____

1.4 Tel. no.: _____ Cell no.: _____

1.5 Street address:

_____ Postal Code: _____

1.6 Postal address:

1.7 ID Number: _____ Date of birth _____

1.8 Age: _____ Religion: _____



PARTICULARS OF HUSBAND/WIFE OR NEXT OF KIN

2.1 Surname and full name: _____

2.2 Relationship: _____

2.3 Tel no. (home): _____

3. CITIZENSHIP

3.1 Are you a South African Citizen? _____

3.2 Nationality: _____

3.3 Passport no.: _____

3.4 Work permit expiry date: _____

4. COURSE FEES

PROGRAMME	DURATION	REG&DEP	MONTHLY	TOTAL
Home Based Care	24 Weeks	R1800 + R1500	R1000 for months	R9300

Included:

Lifeskills

English & Numeracy test

Extra Cost:

Uniforms: X2 Tops and X2 Pants: R800

English and Numeracy classes compulsory if tested below Abet level 3

English R50 per lesson (minimum 4 lessons per month)

Numeracy R50 per lesson (minimum 4 lessons per month)

BANKING DETAILS

Account Holder: Shekinah Home Care

Bank: Absa

Account Number: 4065607782

Reference: Name and Surname

Name and Surname: _____

Cel. No.: _____

Signature: _____ **Date:** _____