

Dear Prospective Student!! ☺

Our July 2015 Intake is open for registrations!!

To be sure we receive your application ASAP; please find attached all the necessary forms to start the process for your application for July 2015.

(Please note that the closing date is 31 May 2015)

Attached you'll find:

**CEFA Application Package** containing:

- Information letter (also the CEFA Application Form). ALL info regarding the course, cost etc will be here.
- SACSSP Form (This is to get our learners registered at the Council for Social Work Professions) – make sure this is signed by you!
- LIF Form (HWSETA is the SETA who's responsible for the certificates at the end of the day) – make sure you have signed!
- Guideline to complete the application: This will clarify ALL the information, documents etc that we need.

Once you completed all the forms and read all the information, please be sure to use the check-list (within the Information Form p.4, also check the GUIDELINES!!) to be sure that you send us ALL the required documents, as missing documents will prolong the process. You will find our address on the Form as well, only original documents accepted (no fax or scans can be accepted). Make sure ALL necessary pages are signed and stamped by yourself and the practical organisation.

Please note that for a class to start in a location near you, we have to have enough interest. We will send our team to a location for 30 or more learners. We can only have final numbers if we receive the applications as soon as possible!

We do hope to hear from you soon, and we look forward to have you in our Class of July 2015! ☺

Please don't hesitate to contact us if there are any questions.

You can also LIKE us on Facebook: <https://www.facebook.com/CEFAinAfrica>

Kind Regards,

Ms. Marchané Janeke  
COMMUNICATION

## **SOCIAL AUXILIARY WORKER TRAINING INFORMATION LETTER TO LEARNERS**

CEFA is an accredited Training Provider for the Health and Welfare Sector Education and Training Authority (HWSETA) and is registered with the Department of Higher Education and Training (DHET), the Qualities Council for Trades and Occupations (QCTO) and all CEFA training programmes are registered with the South African Qualifications Authority (SAQA) and UMALUSI. Once accepted as a learner at CEFA, you will also be registered as a learner Social Auxiliary Worker with the South African Council for Social Service Professions (SACSSP) in terms of the Social Service Professions Act (Act 110 of 1978).

### **1. MINIMUM REQUIREMENTS FOR REGISTRATION**

Learners in possession of a pass in either Grade 10, 11 or 12 can register, providing that their application has been approved by the CEFA Selection Committee. Please note only an end of year (final term) passed school report will be accepted. ABET Level 4, Subject Certificates, etc. do not meet the minimum requirements. You will be notified of the outcome of your application after scrutiny and processing by the regularly scheduled Selection Committee meeting.

You need to volunteer or be employed at a welfare organisation where you will work under guidance of a registered social worker for the duration of this course.

### **2. DURATION OF PROGRAMME**

The training period for the qualification is 12 months. This is a full time course. After completion of all the theoretical and practical requirements of the qualification, the programme is subject to moderation, verification and certification, which may take a further two (2) to six (6) months, and is subject to the HWSETA approval.

### **3. CREDITS**

180 credits (1800 notional hours) at NQF level 4.

### **4. MEDIUM OF INSTRUCTION**

English.

### **5. HOW TO APPLY**

- Complete the application forms (see attached copy) or which can also be obtained from our offices or from our website [www.cefa.co.za](http://www.cefa.co.za)
- Payments can be made electronically and/or by bank deposit/s. Please see p.7 & 9 for banking details.
- The original deposit slip/s (where relevant) must be sent with your application form. Please keep a copy of the slip/s for your own reference.
- By signing your application form you declare that you have read and understood the terms and conditions of CEFA for this programme.
- Please note: Submit all applications directly to CEFA with proof of payment of the application fee. Pay the deposit when you have been notified that your application has been accepted or approved. Do not pay any fees to a third party who claims to act on behalf of CEFA or who offers to arrange a practical placement for you at/for a fee. CEFA will arrange such a placement for learners unless they have secured a placement.

## 6. IMPORTANT DATES

|  |                     |
|--|---------------------|
| <b>Due date for application:</b>               | <b>31 May 2015</b>  |
| <b>Registration fee due:</b>                   | <b>12 June 2015</b> |
| <b>Programme starts:</b>                       | <b>13 July 2015</b> |
| <b>Registration day &amp; programme starts</b> | <b>13 July 2015</b> |

## 7. PROGRAMME COSTS

Total cost of the programme: R18 320. This includes programme training material. Please refer to the Fees Schedule on p. 11. Deposit of R5500 is included in total cost and is payable before a learner start programme. According to CEFA Policy, this deposit covers Cycle 1 expenses (including venue cost, facilitator cost, material cost, as well as courier of material) and is not refundable on termination of studies during Cycle 1.

## 8. WHAT DOES THE PROGRAMME LOOK LIKE?

The training programme consists of:

- Theoretical training (30% of the programme)
- Practical workplace training (70% of the programme) training at an approved welfare organisation e.g. NGO's, NPO's, DSD, FBO, DOH, DOE.

### MODULES IN THE SOCIAL AUXILIARY WORK

The scope of this training will focus on the following modules:

| <b>No</b> | <b>Title</b>                             | <b>Credits</b> |
|-----------|--|----------------|
| 1         | The South African Social Welfare Context | 11             |
| 2         | Human Behaviour and Problems             | 34             |
| 3         | Judicial System                          | 8              |
| 4         | Communication                            | 40             |
| 5         | Research                                 | 19             |
| 6         | Report Writing                           | 4              |
| 7         | Intervention Strategies                  | 53             |
| 8         | Project Management                       | 3              |
| 9         | Community Development                    | 8              |
|           |  | <b>180</b>     |

**Registration and orientation** will take four days. The Schedule of Learning (SoL) will indicate the dates and duration of the **theoretical** training as well as the **mentor** orientation.

**Theoretical training is compulsory.** Every cycle consists of three modules. The learner will spend two consecutive weeks per cycle attending the theoretical training (see SoL).

**Practical workplace training** is compulsory; workplace training takes  $\pm 11 - 13$  weeks per cycle (see SoL). The learner attend the workplace for five full days a week to do workplace training on how to work with individuals, families, groups and communities under the active involvement, guidance and control of a registered social worker who will act as a Mentor.

**Assignments:** For each module the learner will have to complete 2 practical assignments and three workplace activities. (See paragraph 9.2)

## 9. ASSESSMENT IN THE SAW PROGRAMME

The assessment in this programme consists of theoretical examinations, practical assignments and a summative case study. You have to be competent (C) in all these areas of assessment to qualify for the SAW certificate.

## 9.1 EXAMINATIONS

Learners write an examination for each module at the end of each of the three cycles. After successfully completing all 3 cycles, a final end-of-programme examination (summative case study) is written.

Learners, who are found not yet competent (NYC) in a module during the examination, will be given two additional opportunities to write a supplementary examination.

## 9.2 PRACTICAL ASSIGNMENTS

A learner must be competent (C) in all assignments. Where a learner is not yet competent (NYC), they will be granted two further assessment opportunities.

## 9.3 SUMMATIVE CASE STUDY

The Summative Case Study is the final end-of-programme (Capstone) examination which combines all the theoretical and practical aspects of the programme. Learners who are found competent (C) in ALL three types of assessment will be able to apply for registration as a Social Auxiliary Worker with the SACSSP once their results have been endorsed by the HWSETA.

## 10. LEARNER SUPPORT

- Your facilitator will be available during the compulsory theoretical sessions scheduled in your area.
- You will learn under the guidance of your Mentor
- Friendly CEFA staff can be contacted telephonically or via e-mail.

**We trust that you will find this learning experience enriching and fulfilling.**




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**Dr Karien Lubbe**  
**CHIEF EXECUTIVE OFFICER**

### PLEASE NOTE:

- Your application will not be successful if all the above is not attached (See checklist)
- No faxed or e-mail applications will be accepted.

## CHECKLIST: DOCUMENTS TO ACCOMPANY YOUR APPLICATION

In order to register you need to send us the following documentation. Please use this checklist to ensure that all the relevant documents reach our offices. Explanation guideline attached!!

|  | DOCUMENT  | Y | N |
|--|---|---|---|
| 1.   | Completed Application Form.   |   |   |
| 2.   | Your own curriculum vitae (CV).   |   |   |
| 3.   | <b>Three (3) certified copies of your ID. (<i>Not older than three months</i>)</b>  |   |   |
| 4.   | <b>Three (3) certified copies of your highest school qualification (<i>either Grade 10, Grade 11 or Grade 12 Certificate</i>).</b>  |   |   |
| 5.   | Story of my life (p9)   |   |   |
| 6.   | Deposit slip of application fee (R180, where paid by bank deposit).   |   |   |
| 7.   | LIF (Learner Information Form) - attached   |   |   |
| 8.   | SACSSP (South African Council for Social Service Professions) Form - attached   |   |   |
| <b><i>Mentors to send directly to CEFA</i></b> |   |   |   |
| 9.   | The curriculum vitae (CV) of the identified Social Worker, with at least 2 years social work experience, to act as your mentor for the duration of the one year training programme. |   |   |
| 10.  | Proof of payment of current annual membership fees as a registered Social Worker (if no receipt, please send deposit proof for CURRENT year)  |   |   |
| 11.  | A signed consent form from the Social Worker's employer/manager to act as your mentor. (p.10)   |   |   |

### IMPORTANT NOTICE:

Three **originally certified copies** means that you:

- make 3 copies each of the Certificate and ID document;
- take the copies together with the original certificate/ID document to a Commissioner of Oaths (e.g. at a police station);
- he/she must then certify each copy by signature and official stamp.

Please submit all documents without delay to:

### CEFA

**The Manager: Teaching and Learning**

**PO Box 173**

**Wellington, 7654**

**Contact number: 021 873 3998**

### PLEASE NOTE:

- **YOUR APPLICATION WILL NOT BE SUCCESSFUL IF ALL THE ABOVE IS NOT ATTACHED (SEE CHECKLIST).**
- **NO FAXED OR EMAIL APPLICATIONS WILL BE ACCEPTED.**

PLEASE NOTE: SUBMIT ALL APPLICATIONS DIRECTLY TO CEFA WITH PROOF OF PAYMENT OF THE APPLICATION FEE. PAY THE DEPOSIT WHEN YOU HAVE BEEN NOTIFIED THAT YOUR APPLICATION HAS BEEN ACCEPTED/APPROVED. DO NOT PAY ANY FEES TO A THIRD PARTY WHO CLAIMS TO ACT ON BEHALF OF CEFA OR WHO OFFERS TO ARRANGE A PRACTICAL PLACEMENT FOR YOU AT/FOR A FEE. CEFA WILL ARRANGE SUCH A PLACEMENT FOR LEARNERS UNLESS THEY HAVE SECURED A PLACEMENT.

Continuing Education for Africa  
P O Box 173, WELLINGTON 7654 / 47 Bain Street, WELLINGTON 7655  
Tel.: (021) 873 3998 Fax: (021) 873 6251  
Website: [www.cefa.co.za](http://www.cefa.co.za) / Email: Rosaline@cefa.co.za



Company Reg. No. 2007/007587/08 HWSETA Reg. No. HW592A0900414 DoE 2010/FE08/007

## FET CERTIFICATE IN SOCIAL AUXILIARY WORK LEARNER APPLICATION FORM

|   |  |  |          |     |                        |  |         |    |
|---|--|--|----------|-----|------------------------|--|---------|----|
| <i>For official use:</i>                              | <i>Application approved: Fully / Provisionally</i> |  |          |     | <i>Learner number:</i> |  |         |    |
| <b>LEARNER PERSONAL INFORMATION</b>                   |  |  |          |     |                        |  |         |    |
| IDENTITY NUMBER                                       |  |  |          |     |                        |  |         |    |
| FIRST NAME  |  |  |          |     |                        |  |         |    |
| SURNAME   |  |  |          |     |                        |  |         |    |
| MIDDLE NAME   |  |  |          |     |                        |  |         |    |
| TITLE <i>(mark with x)</i>                            | MISS   |  |          | MRS |                        |  | MR      |    |
| DATE OF BIRTH   | CCYY / MM / DD                                     |  |          |     |                        |  |         |    |
| EQUITY <i>(for report purposes only)(mark with x)</i> | AFRICAN  |  | COLOURED |     | WHITE                  |  | INDIAN  |    |
| GENDER <i>(for report purposes only)(mark with x)</i> | MALE   |  |          |     | FEMALE                 |  |         |    |
| MARITAL STATUS <i>(mark with x)</i>                   | SINGLE   |  | MARRIED  |     | DIVORCED               |  | WIDOWED |    |
| HOME LANGUAGE   |  |  |          |     |                        |  |         |    |
| SECOND LANGUAGE                                       |  |  |          |     |                        |  |         |    |
| NATIONALITY   |  |  |          |     |                        |  |         |    |
| DISABILITY DESCRIPTION <i>(if applicable)</i>         |  |  |          |     |                        |  |         |    |
| HAVE YOU BEEN FOUND GUILTY OF A CRIMINAL OFFENCE?     |  |  |          |     |                        |  | YES     | NO |
| PROVINCE  |  |  |          |     |                        |  |         |    |
| HIGHEST QUALIFICATION                                 |  |  |          |     |                        |  |         |    |
| <b>LEARNER CONTACT DETAIL</b>                         |  |  |          |     |                        |  |         |    |
| LANDLINE NUMBER                                       |  |  |          |     |                        |  |         |    |
| CELL NUMBER   |  |  |          |     |                        |  |         |    |
| FAX NUMBER  |  |  |          |     |                        |  |         |    |
| POSTAL ADDRESS  |  |  |          |     |                        |  |         |    |
|   |  |  |          |     |                        |  |         |    |
| POSTAL CODE   |  |  |          |     |                        |  |         |    |
| PHYSICAL ADDRESS                                      |  |  |          |     |                        |  |         |    |
|   |  |  |          |     |                        |  |         |    |
|   |  |  |          |     |                        |  |         |    |
| POSTAL CODE   |  |  |          |     |                        |  |         |    |
| EMAIL ADDRESS   |  |  |          |     |                        |  |         |    |
| ALTERNATIVE CONTACT:                                  |  |  |          |     |                        |  |         |    |
| NAME  |  |  |          |     |                        |  |         |    |
| ALTERNATIVE NUMBER                                    |  |  |          |     |                        |  |         |    |

|   |   |
|---|---|
| <b>PARENT / GUARDIAN / COMPANY RESPONSIBLE FOR PAYMENT OF FEES</b>  |   |
| <b>PARENT / GUARDIAN / SPONSOR / SELF RESPONSIBLE - DETAILS (PLEASE SIGN P8)</b>                              |   |
| NAME AND SURNAME  |   |
| TEL. NUMBER   |   |
| FAX NUMBER  |   |
| CELL NUMBER   |   |
| EMAIL ADDRESS   |   |
| IDENTITY NR/PASSPORT OF PARENT/GUARDIAN   |   |
| RELATIONSHIP TO YOU   |   |
|   |   |
| <b>COMPANY DETAILS RESPONSIBLE FOR PAYMENT OF FEES (PLEASE SIGN P8)</b>                                       |   |
| NAME / COMPANY NAME   |   |
| TEL. NUMBER   |   |
| FAX NUMBER  |   |
| ID NO. / CO. REGISTRATION NO.   |   |
| VAT NUMBER ( <i>if applicable</i> )   |   |
| EMAIL ADDRESS   |   |
| POSTAL ADDRESS  |   |
|   |   |
| POSTAL CODE   |   |
|   |   |
|   |   |
| <b>APPLICATION FEE</b> ( <i>a once off, non-refundable fee of R180.00 is payable with application</i> )       |   |
| NAME OF BANK  | Standard Bank   |
| NAME & CODE OF BRANCH   | Tyger Manor 050410  |
| ACCOUNT NAME  | Continuing Education for Africa                                 |
| ACCOUNT NUMBER  | 073525715   |
| ACCOUNT TYPE  | Current   |
| REFERENCE NUMBER  | <b>Please quote your ID number on the deposit as reference.</b> |
| <b>Please attach the ORIGINAL deposit slip to the application. Please keep a copy for your own reference.</b> |   |

**DECLARATION & UNDERTAKINGS BY APPLICANT:**

**I, the undersigned, declare that:**

- (i) the information provided by me in this application form is true and correct;**
- (ii) I, together with my parent, guardian, employer or sponsor, will jointly and severally be responsible for the payment of all moneys due by virtue of my agreement with CEFA and as determined by CEFA management from time to time;**
- (iii) I undertake to pay all legal expenses which CEFA may incur in recovering monies due by me should I fail to meet any obligations in respect of payment mentioned above;**
- (iv) I have acquainted myself, and will in future acquaint myself, with the rules and regulations of CEFA as determined from time to time;**
- (v) I hereby indemnify CEFA against any claims arising from injuries that I may sustain and/or damage that I may suffer due to any event, injury, illness or death, resulting in whatever way, or consequential to my involvement with my theoretical, practical and / or any other training and that I participate in any of the abovementioned activities on my own responsibility and voluntarily accept any risk involved.**

**SIGNED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.**

\_\_\_\_\_  
**Signature of LEARNER**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**



|   |   |
|---|---|
| <b>UNDERTAKING BY PARENT, GUARDIAN, SPONSOR or COMPANY</b>  |   |
| <b>PLEASE TAKE NOTE:</b> No learner can enrol without written proof of how moneys will be paid. If the learner is under the age of 18 and / or sponsored by a company, this section must be completed by the parent, guardian or sponsor of the applicant.                |   |
| I, the undersigned, declare that:   |   |
| (i) I have acquainted myself with and agree to the above applicant declaration above and that the particulars provided by him / her in this application form are true and correct;  |   |
| (ii) I hereby accept responsibility together with my child / person I am sponsoring for the payment of all moneys that are due to CEFA during the total duration of his or her SAW training study at CEFA and undertake to ensure that they are paid punctually when due. |   |
| (iii) I understand that interest will be charged on all outstanding amounts on a monthly basis  |   |
| SIGNED AT _____ THIS _____ DAY OF _____ 20____.   |   |
| _____<br>Signature of parent / guardian / sponsor / SELF  | _____<br>Date   |
| _____<br>Relationship<br>(father/mother/guardian/sponsor)   |   |
| ID Number of parent / guardian: _____   |   |
| Registration number sponsor: _____  |   |
| _____<br>Signature of witness   | _____<br>Date   |
| HOW DID YOU HEAR ABOUT CEFA?  |   |
| <b>APPLICATION FEE</b> <i>(a once off, non-refundable fee of R180.00 is payable with application)</i>   |   |
| NAME OF BANK  | Standard Bank   |
| NAME & CODE OF BRANCH   | Tyger Manor 050410  |
| ACCOUNT NAME  | Continuing Education for Africa                                 |
| ACCOUNT NUMBER  | 073525715   |
| ACCOUNT TYPE  | Current   |
| REFERENCE NUMBER  | <b>Please quote your ID number on the deposit as reference.</b> |
| <b>Please attach the ORIGINAL deposit slip. Please keep a copy for your own reference.</b>  |   |
| <b>MAIL APPLICATION TO</b>  |   |
| The Manager: Teaching & Learning  |   |
| P O Box 173, Wellington 7654  |   |
| <b>We only accept original documents unless otherwise indicated.</b>  |   |

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- the information provided in this form is true and correct;
- the certified attached documents are authentic;
- I am fully aware that I am responsible for the payment of fees and personal expenses such as stationery, travelling, accomodation, meals;
- I am aware that I need a registered Social Worker as workplace mentor to complete the programme;
- I am aware that it is compulsory to do practical at a welfare institution full time for the duration of the 12 month training programme period under the guidance of a mentor.

**LEARNER SIGNATURE**

## FOR OFFICIAL USE BY MENTORS AND MANAGERS ONLY

You are kindly requested to complete the following consent form and ensure that the learner returns this form together with all the required application documents to CEFA. Please be sure to sign and stamp this page.

**Mentor's consent:**

I herewith give my consent and offer my availability and willingness to function as Mentor

for ..... **(learner)** and thus embark on this process with the learner.

**Mentor:** First Name.....Surname.....

**Organisation:** .....

Physical address: .....

Contact numbers .....(h).....(w).....(c).....

Email address.....

SACSSP Registration number: .....

**Signature:**..... **Date:** .....  
**(Mentor)**

**Manager's consent:**

I, manager of..... (organisation) give my consent to

..... (Social Worker) acting as mentor

for ..... (learner).

**Signature:** ..... **Date:** .....  
**(Manager of department)**

Please return completed to CEFA with proof of your current registration payment and CV.

Kind regards

\_\_\_\_\_  
**Official stamp of your organisation**

| <b>FET SOCIAL AUXILIARY WORKER PROGRAMME FEES: TOTAL R18 320</b>   |                         |
|--|-------------------------|
| <b>Once off registration fee upon approval of your application</b> | <b>Payment deadline</b> |
| R5 500.00  | 12 June 2015            |

**Training Fees – depending on Option Chosen**  
**PLEASE INDICATE PAYMENT OPTION WITH AN X IN THE APPROPRIATE BLOCK**

|   |  |
|---|--|
| <b>OPTION 1</b><br><b>One cash payment for full programme less 5% discount.</b><br><b>(Fee R18 320.00 less registration fee R5 500.00 less discount R641.00, rounded)</b> |  |
|---|--|

| <b>Cash Fee</b> | <b>Payment deadline</b> |
|-----------------|-------------------------|
| R12 200.00      | 13 July 2015            |

|  |  |
|--|--|
| <b>OPTION 2</b><br><b>Three payments per phase at 3% discount - Payments before or on the stipulated deadlines</b><br><b>(Fee R18 320.00 less registration fee R5 500.00 less discount R384.64, rounded)</b> |  |
|--|--|

| <b>Programme phase</b> | <b>Instalment</b> | <b>Payment deadline</b> |
|------------------------|-------------------|-------------------------|
| Phase 1                | R 4 145.14        | 31 October 2015         |
| Phase 2                | R 4 145.13        | 31 January 2015         |
| Phase 3                | R 4 145.13        | 30 April 2015           |
| <b>Total</b>           | <b>R12 400.00</b> |                         |

|   |  |
|---|--|
| <b>OPTION 3</b><br><b>12 Instalments - Payments before or on the stipulated deadlines</b> |  |
|---|--|

| <b>Month</b> | <b>Instalment</b> | <b>Payment deadline for instalment</b> |
|--------------|-------------------|--|
| Month 1      | R 1 068.34        | 31 July 2015                           |
| Month 2      | R 1 068.34        | 31 August 2015                         |
| Month 3      | R 1 068.34        | 30 September 2015                      |
| Month 4      | R 1 068.34        | 31 October 2015                        |
| Month 5      | R 1 068.33        | 30 November 2015                       |
| Month 6      | R 1 068.33        | 31 December 2015                       |
| Month 7      | R 1 068.33        | 31 January 2016                        |
| Month 8      | R 1 068.33        | 29 February 2016                       |
| Month 9      | R 1 068.33        | 31 March 2016                          |
| Month 10     | R 1 068.33        | 30 April 2016                          |
| Month 11     | R 1 068.33        | 31 May 2016                            |
| Month 12     | R 1 068.33        | 30 June 2016                           |
| <b>Total</b> | <b>R12 820.00</b> |  |

Conditions of payment:

1. Payments are payable strictly on or before the indicated deadline(s).
2. Learners whose tuition fees are unpaid / in arrears or who may be owing any monies to CEFA, will not be entitled to start the theory of the next cycle and / or will not receive their results or qualification / completion certificates until such time as the all outstanding monies have been paid in full.

Overdue payments will be subject to interest levied at prime rate plus 2% per annum as applied by the Reserve Bank from time to time, and will be calculated daily and capitalised monthly in arrears on all outstanding balances.



# S A Council for Social Service Professions

## SACSSP

Private Bag X12, Gezina, 0031  
 Tel: (012) 356 8333  
 Email: [mail@sacssp.co.za](mailto:mail@sacssp.co.za)

37 Annie Botha Ave, Riviera, Pretoria, 0084  
 Fax: (012) 356 8400  
 Website: [www.sacssp.co.za](http://www.sacssp.co.za)

### APPLICATION FOR CONDITIONAL REGISTRATION AS A LEARNER SOCIAL AUXILIARY WORKER

|   |  |   |
|---|--|---|
| <b>Title:</b>   | <b>Surname:</b>                              |   |
|   | <b>Maiden Name:</b>                          |   |
| <b>Full Name/s:</b>   | 1. ....<br>2. ....<br>3. ....                |   |
| <b>Identity No.:</b>  |  |   |
| <b>Date of Birth:</b>   |  |   |
| <b>Gender:</b><br><b>Male/Female:</b>   |  |   |
| <b>Marital Status:</b>  | Never Married/Married/Divorced/Widow/Widower |   |
| <b>Population Group:</b>  | White /Black / Coloured / Indian / Other:    |   |
| <b>Disability: (tick)</b>   | Physical/Hearing/Speech/ Eyesight            |   |
| <b>Physical Address:</b>  |  | <b>Postal Address:</b>                                |
|   |  |   |
|   |  |   |
| <b>Code:</b>  | <b>Code:</b>                                 |   |
| *Date of registration/enrolment with the training provider.....                   |  | *Anticipated date of completion: .....                |
| <b>TRAINING PROVIDER RELATED DETAILS:</b>   |  |   |
| Name of Provider: Continuing Education for Africa                                 |  |   |
| HWSETA Accreditation No.: HW592A0900414<br>(copy of accreditation to be attached) |  | Postal Address:<br>PO Box 173,<br>Wellington,<br>7654 |
| Name of Trainer:  |  |   |
| <b>SACSSP Reg. No.: 10-</b>   |  |   |
| Tel No.: 021-8733998  |  |   |
| Cell No.:   |  |   |
| Email: <a href="mailto:info@cefa.co.za">info@cefa.co.za</a>                       |  |   |

**DETAILS OF SUPERVISING ORGANISATION:**

|   |                 |
|---|-----------------|
| Name of Organisation: .....<br>Name of Supervisor: .....<br>SACSSP Reg. No.: .....<br>Tel No : .....<br>Fax No: .....<br>Email: ..... | Postal address: |
|   |                 |

**\*Documents to be submitted with the application form in respect of the learner:**

- ✓ **Proof** of payment
- ✓ **Certified copy** of identity document (**ID**)
- ✓ **Certified copy** of marriage certificate if married
- ✓ **Certified copy** of the highest school standard passed

**I, the undersigned, declare that the information furnished in this application form is true and correct in all respects and that I am unaware of anything which would serve as an impediment to my registration as a social worker/the restoration of my name to the *Register for Social Workers*.**

Signed at ..... on this .....day  
 of .....20 .....

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***SIGNATURE OF APPLICANT***

# Learner Information Form



This form has been designed, according SAQA specifications, to transmit basic information about learners, independent of enrolment, qualifications or completion data. Providers are urged to supply this information by completing the form below and then submit to the ETQA.

## OFFICIAL USE ONLY

|           |  |
|-----------|--|
| Date      |  |
| Date      |  |
| Signature |  |

|  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|--|---|---|---|---|--|--|--|--|--|----------------------------------|---------------------|---|---|---|-------------|---|---|---|---|---|
| National ID  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  | Alternative ID type |   |   |   |             |   |   |   |   |   |
| Learner Alternate ID   |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| Equity Code  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  | Nationality Code                 |                     |   |   |   | Gender Code |   |   |   |   |   |
| Citizen Resident Status Code                                     |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| Home Language Code   |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  | Socioeconomic Status Code        |                     |   |   |   |             |   |   |   |   |   |
| Disability status Code   |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| Learner Last Name  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| Learner First name   |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| Learner Middle name  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| Learner Title  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  | Learner Birth Date               | Y                   | Y | Y | Y | M           | M | D | D |   |   |
| Learner Home Address   |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| Learner Postal Address   |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| Learner Home Address Postal Code                                 |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  | Learner Postal Address Post Code |                     |   |   |   |             |   |   |   |   |   |
| Learner Phone number   |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| Learner Cell Phone Number  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| Learner fax Number   |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| Learner Email Address  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| Province Code  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  | Provider ETQA ID                 | H                   | W | S | E | T           | A |   |   |   |   |
| Provider Code  | E | X | T | E | R | N | A | L |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| Learner Previous Lastname  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| U.S./Learning Programme/Course/Qualification Title               |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  | F                                | E                   | T | C |   | S           | O | C | I | A | L |
| A  | U | X | I | L | I | A | R | Y |  | W | O | R | K |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| U.S./Qualification ID  | 2 | 3 | 9 | 9 | 3 |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| Please indicate date when Summative Assessment will be completed |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  | Y                                | Y                   | Y | Y | M | M           | D | D |   |   |   |
| Assessor ID  |   |   |   |   |   |   |   |   |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |
| Date Stamp   | Y | Y | Y | Y | M | M | D | D |  |   |   |   |   |  |  |  |  |  |                                  |                     |   |   |   |             |   |   |   |   |   |

Learner signature

Date

## LEARNER INFORMATION FORM CODES

When completing the Learner Information Form - PLEASE ensure to only write one letter / number per block.  
Following are some codes you need to choose from in order to complete your registration.

### 1. EQUITY CODE

A = BLACK : AFRICAN  
BC = BLACK : COLOURED  
BI = BLACK : INDIAN / ASIAN  
U = UNKNOWN  
WH = WHITE

### 2. NATIONALITY CODE

SA = SOUTH AFRICAN

### 3. GENDER CODE

M = MALE  
F = FEMALE

### 4. CITIZEN RESIDENT STATUS CODE

SA = South African

### 5. HOME LANGUAGE CODE

ENG = English  
AFR = Afrikaans  
OTH = Other  
SEP = sePedi  
SES = seSotho  
SET = seTswana  
SWA = siSwati  
TSH = tshiVenda  
U = Unknown  
XHO = isiXhosa  
XIT = xiTsonga  
ZUL = isiZulu  
NDE = isiNdebele

### 6. SOCIO ECONOMIC STATUS CODE

U = Unspecified  
1 = Employed  
2 = Unemployed - looking for work  
3 = Not working – not looking for work  
4 = Not working – housewife/homemaker  
6 = Not working – scholar/fulltime student  
7 = Not working – pensioner/retired person  
8 = Not working – disabled person  
9 = Not working – not wishing to work  
10 = Not working – none of the above

### 7. DISABILITY STATUS CODE

N = None  
1 = Sight (even with glasses)  
2 = Hearing (even with a hearing aid)  
3 = Communication (talking, listening)  
4 = Physical (moving, standing, grasping)  
5 = Intellectual (difficulties in learning); retardation  
6 = Emotional (behavioural or psychological)  
7 = Multiple  
9 = Disabled but unspecified  
U = Unknown disability status

### 8. PROVINCE CODE

0 = Undefined  
1 = Western Cape  
2 = Eastern Cape  
3 = Northern Cape  
4 = Free State  
5 = Kwazulu/Natal  
6 = North West  
7 = Gauteng  
8 = Mpumalanga  
9 = Limpopo



## **GUIDELINE TO CLARIFY ALL INFORMATION AS REQUESTED ON APPLICATION**

### **1. Application Form**

- a. Complete the CEFA Application Form (pp. 5-10) of the package
- b. Learner's signatures are important on p. 7 and p. 9
- c. P. 6 & P. 8 has to be filled in by the person responsible for payment of studies (if learners pay for their own studies, please fill in your own details and sign the form).
- d. Get the organisation where you will do your practical training to complete p. 10 of the application form, the consent form. (See below under mentor documentation, bullet 11). Signatures and the office stamp are VERY important.

### **2. Own CV**

- a. This is a short CV of the learner self

### **3. Copies of ID**

- a. Three originally certified copies of the learner's ID are required. Do NOT print one copy and have it certified and then make copies thereof. We need the original copies stamped and signed by a Commissioner of Oaths. These documents go to HWSETA, SACSSP and are placed on the learners' Portfolio of Evidence (PoE). Please make sure the copies clear i.e. are not too dark or too light otherwise they will be rejected.

### **4. Copies of Highest School Qualification**

- a. Three originally certified copies of the learner's highest school qualification. Again do not make one copy, have it certified and then make copies of the certified one copy. Have the 3 original copies stamped and signed by a Commissioner of Oaths. (These copies go to HWSETA, SACSSP and are filed on the learner's PoE).
- b. The qualification must indicate that you have passed the final examination in Grade 10, Grade 11 or Grade 12. (report of the final 4<sup>th</sup> term)
- c. No subject certificates (incomplete senior certificate) or General Education and Training Certificates (GET) can be accepted.
- d. ABET Level 4 is equal to grade 9; this does not meet the minimum requirements for admission to the qualification.
- e. A passed certificate in another qualification on a NQF Level 4 or higher can be used to apply, as NQF Level 4 is deemed to be equal to Grade 12. The document that you use needs to state that it is NQF Level 4 or higher.
- f. No other certificates, etc. is needed with this application. No workshop certificates or short courses are considered. (We have the learner's CV and Story of My Life to give us a fuller picture of the learner.)
- g. Should a learner have difficulties obtaining proof of the highest school qualification passed, 3 certified letters from the school on a letterhead stating that they have passed Grade 10 or higher, the year in which they completed the qualification, with the applicant's information as recoded on the school records, can also be used.

- h. Where no records are available e.g. the school closed down, the Department of Education in the province should be contacted by the learner to obtain this proof. (This could be time consuming and may influence your application being processed timeously.)

5. Story of my life

- a. The applicant's *Story of My Life* should be reported on p. 9 of the application. Please make sure that it is signed at the bottom by learner.

6. Deposit Slip

- a. An application fee of R180 needs to accompany applications to be processed before considered by the CEFA Selection Committee. (See banking details on pp. 6 & 8)

7. Learner Information Form (LIF)

- a. This is a SETA requirement and needs to be completed including the codes found on the next page).
- b. The learner's signature on this form is VERY important

8. SACSSP Form

- a. These 2 pages are very important as learners have to register at the South African Council for Social Service Professions (SACSSP) when they start with this course.
- b. Learner only fills in their own details up to where it asks learnership or not (p. 1 of the form). Leave the rest of the page incomplete.
- c. P. 2. On this page the learner need to sign and fill in and the organization's details at the top must be completed.

9. CV of Mentor

- a. A short CV of the mentor is required. This is to verify that they have 2 or more years' social work experience.

10. Proof of SACSSP payment (Mentor)

- a. The Mentor must submit proof of his/her annual payment of registration at the SACSSP for the current year.
- b. If only a payment has been made and no receipt received yet, proof of payment to the SACSSP will also be accepted.
- c. SACSSP website has been updated and social workers can obtain proof of their current registration on the website.
- d. This will also serve as proof that the mentor is registered at the SACSSP.

11. Signed consent form

- a. P. 10 of the CEFA Application Form. This page the organization completes fully. Managers and mentors must both sign; the office stamp of the organization must be at the bottom of the page. This must be original signatures and stamp.
- b. If an organisation does not have a stamp, a letterhead stating they have no stamp will be accepted with this form.