

ETDPSETA Assessor Re-registration Form

PURPOSE

This form is for the use of assessors who were previously registered with ETDPSETA but their registration period has expired and they are re-applying for registration with ETDPSETA.

*Name of Training Provider:

*Assessor Number:

APPLICANTS DETAILS

Title:

Full name as per ID:

Surname:

Initials:

RSA ID Number:

Alternative ID Number:

Nationality:

CONTACT DETAILS

Fax No:

Cell Phone No:

Email Address:

Preferred Communication Method:

BUSINESS ADDRESS

P.O Box:

City:

Postal Code:

Province:

N.B If your scope is different from your original scope of registration, you must complete the extension of scope application.

***DECLARATION OF AUTHENTICITY BY APPLICANT**

This section needs to be completed by the assessor

I hereby declare that the information supplied is true and correct.

Signature
(Assessor Candidate)

Date

***DECLARATION OF AUTHENTICITY BY PROVIDER REPRESENTATIVE:**

This section should be completed by the provider representative. (if linked to a provider)

I hereby declare that the information supplied by the applicant is true and correct.

Name & Surname
(Provider Representative)

Date

*mandatory fields

(For office use only)

Assessor Type	
Assessor Registration Number	
Re-registration Start Date	
Re-registration End Date	