

Learner Number:	
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Month:	
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LEARNER REGISTRATION FORM AND STUDY AGREEMENT FOR PROFESSIONAL HEALTH CARE ASSISTANT SKILLS PROGRAM

A. LEARNER INFORMATION:

Personal details (Print in full)		
Surname		
Full Names		
Maiden Name (If applicable)		
Nationality		
Age		
Identity Number		
Marital Status	Married	
	Divorced	
	Single	
	Widowed	
Physical Address		
Language Proficiency		
Contact Numbers	Home	
	WhatsApp	
	Cellphone	
Gender	Male	Female

Highest Certificate Achieved			
Employment Status (If employed)			
Skills			
Income Source			
Do you have a driver's License?	Yes	No	
Health Status	Excellent	Good	Fair

B. CONFIDENTIAL MEDICAL QUESTIONNAIRE – LEARNER

Do you suffer from one of the following?	Yes	No
Heart diseases e.g. high blood pressure		
Respiratory disorders e.g. asthma, tuberculosis		
Digestive tract disorders e.g. ulcers		
Genito-urinary disorders e.g. syphilis		
Are you pregnant?		
Last known menstrual period		
Do you suffer from any of the following?		
a) Diabetes		
b) Hepatitis B/C		
c) Epilepsy		
Have you had any serious operation in the past five years?		
Have you ever been treated for alcohol or drug addiction?		
If you've answered yes to any of the above questions, please give further details:		

C. PARTICULARS OF NEXT OF KIN

PARTICULARS OF HUSBAND/WIFE/NEXT OF KIN		
Name		
Surname		
Telephone Numbers	Home	()
	Business	()

D. QUESTION

Why do you want to be trained as a professional Health Care Assistant?

SIGNATURE: _____

GUARDIANS SIGNATURE: _____
(If student is younger than 18)

DATE: ____/____/____

OFFICE USE:

- Date
- Registration Fee
- 3x Certified Copy Of ID
- 2x Certified Copy Of Highest Certificate
- 2x ID Photos

STATEMENT OF CONFIDENTIALITY - LEARNER

As a Learner Professional Health Care Assistant studying with SOUTH AFRICAN ACADEMY OF HEALTH, I will not divulge any information, which comes to me in the course of my studies through the Company.

THIS SHALL INCLUDE:

- Not discussing any patient or any information pertaining to any patient with anyone (including my own family) who is not directly working with the patient concerned.
- Not discussing any patient information pertaining to the patient in any place where it can be overheard by anyone not directly working with the patient concerned.
- Not mentioning any patient's name or admitting, directly or indirectly, that the person named is a patient except to those authorised to have this information.
- Not describing any behaviour which I have learned as part of my duties with the company, except to those authorised to have this information.
- Not contacting any individual or institution outside of SOUTH AFRICAN ACADEMY OF HEALTH to get further personal information about an individual patient unless an authorised medical practitioner involved has requested the release of information and on written permission from SAAH Management.

SIGNATURE:

GUARDIANS SIGNATURE:

(If student is younger than 18)

DATE:

____/____/____

STUDY AGREEMENT:

1. I acknowledge that this application and agreement is binding.
2. I accept the terms and conditions, and rules of the course by signature hereof.
3. I acknowledge that there is copyright on the training material supplied to me and I shall not allow anyone else to make use thereof.
4. I undertake to notify SOUTH AFRICAN ACADEMY OF HEALTH of any change in residential/business/postal address and/or telephone contact numbers.
5. I will pay the fees promptly when due and if I fail and/or refuse to pay, that SOUTH AFRICAN ACADEMY OF HEALTH may withhold certificates if my payments are in arrears. All my tuition fees need to be paid in full prior to writing my First Formative Assessment at the end of my theoretical month; otherwise I will not be placed for my practical training period.
6. I understand that I am personally liable for injuries sustained during my training period and SOUTH AFRICAN ACADEMY OF HEALTH will not be held responsible for any such injuries.
7. No cancellation fees will be paid after signature of this document.
8. I accept SOUTH AFRICAN ACADEMY OF HEALTH is under no obligation to offer me employment post completion of my training.
9. **I understand that SOUTH AFRICAN ACADEMY OF HEALTH will determine Practical Training PLACEMENTS.**

DECLARATION OF ACCURACY OF INFORMATION SUPPLIED AND ACCEPTANCE OF PRINCIPLES GOVERNING MY TRAINING AGREEMENT

1. Should my application to be trained be successful, then this application forms the only Agreement between SOUTH AFRICAN ACADEMY OF HEALTH and me.
2. I accept that I will be liable for payment of full course fees as specified by SOUTH AFRICAN ACADEMY OF HEALTH prior to my commencement of the Skills Program.
3. I am responsible for my own accommodation and food arrangements whilst attending this non-residential course.
4. I accept that I will not be entitled to any payment in respect of services provided to SOUTH AFRICAN ACADEMY OF HEALTH or its customers/associates for purposes of completing my internship and/or practical phase.

5. I accept that I am obliged to attend theoretical and practical phases as well as all my assessments and comply with specified dress codes and general codes of conduct as specified during the period of my Skills Program.
6. I accept that SOUTH AFRICAN ACADEMY OF HEALTH is under no obligation to offer me employment during or upon completion of my Skills Program. I also accept that my acceptance as Learner does not classify me as “employee” in terms of definitions contained in the Labour Relations Act and Basic Conditions of Employment Act.
7. It is understood that upon completion of my Skills Program that the SOUTH AFRICAN ACADEMY OF HEALTH will, at its sole discretion, endeavour to refer me to any of the Professional Institutions for a permanent or temporary employment. I accept that under no circumstances will SOUTH AFRICAN ACADEMY OF HEALTH be liable for any claim arising from non-placement of myself in whatever capacity upon completion of my Skills Program.
8. It is understood that I am not entitled to any cancellation fees concerning this agreement, should I discontinue my studies for any reason whatsoever.
9. My place is not transferable to another person (such as my family / friend / partner / colleague etc) should I, the student, remove myself from the Professional Healthcare Assistant Course. Each student is to complete the entire duration of the course.

FULL NAMES OF LEARNER	DATE	SIGNATURE

I hereby state that I have read and understood the rules as set out by SOUTH AFRICAN ACADEMY OF HEALTH. By signing this document I agree to obey by these rules.

Student Signature

Place

for and on behalf of
SOUTH AFRICAN ACADEMY OF HEALTH

Date

Payment selection

Tuition fees are payable in advance at the beginning of each enrolment and such payment is compulsory. However, in order to reduce the financial burden, the training facility is prepared to accept payment on the below terms, I accept this undertaking as payment of tuition fees.

Please indicate your method of payment below by marking the appropriate block with an "X".

THE COMPULSORY ANNUAL FEES FOR 2026 ARE AS FOLLOWS:

	FEE PAYMENT OPTIONS	(X)
1.	A single payment of R12 500 <i>(Please Note: If Fees are paid in full upfront, you will receive a R500.00 discount)</i> OR	_____
2.	First instalment at registration R4 200 Second instalment of R4 150 to be paid on or before the _____ Balance of R4 150 to be paid on or before the _____	
3.	A single Registration fee payment of R 300	

OPTIONAL BASIC LIFE SUPPORT & FIRST AID COURSE:

1.	A single payment of R1 000	
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PAYMENTS ARE MADE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

1. If your balance of R4 150 is not paid on the date above, YOU WILL NOT BE ALLOWED TO ENTER THE PRACTICAL VENUE.
2. I hereby authorise the training facility to conduct credit bureau checks on me and in the event of any tuition fee due by me is not being paid. I authorise the training facility to inform any relevant credit bureau of my payment default and have my name listed with them.
3. I chose the address specified as my residential address under personal details as my chosen legal domicile for service of all legal notices and processes until I advise the training facility of my new address in writing.
4. It is agreed that should I default on payments, the training facility has the right to terminate this agreement and exclude me, therefore leading to suspension.
5. **Please note** that the **1st month instalment is non-refundable under any circumstances**, including but not limited to withdrawal, cancellation, or failure to complete the course. However, in place of the non-refundable instalment, applicants have the option to enroll in one of the following short courses:
 - Basic Life Support & First Aid Procedures (NQF 1, 5 Credits)
 - Covid Training

Signed: _____
PRINCIPAL

DATE: _____

Signed: _____
PARENT/GUARDIAN/ STUDENT

PLACE: _____

Learner Name:		Date of Course:	
Learner ID:		Course Venue:	

LEARNER INFORMATION FORM CODES

Alternative ID type	Equity code	Nationality code	Citizen/residence status
521 SAQA member ID 527 Passport No. 529 Drivers License 531 Temporary ID No. 533 None 535 Unknown 537 Student No. 538 Work Permit No. 539 Employee No. 540 Birth Certificate No. 541 Human Science Research Council No. 561 ETQA Record No.	BA Black: African BC Black: Coloured BI Black: Indian/Asian U Unknown WH White	U Unspecified SA South African SDC SADC except SA (i.e. Nam to ZAI) NAM Namibia BOT Botswana ZIM Zimbabwe ANG Angola MOZ Mozambique LES Lesotho SWA Swaziland MAL Malawi ZAM Zambia MAU Mauritius TAN Tanzania	U Unknown SA South African O Other Dual (SA plus other)
Home language code	Province code	Disability status	Socioeconomic status
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	1. Undefined 2. Western Cape 3. Eastern Cape 4. Northern Cape 5. Free State 6. Kwa-Zulu Natal 7. North West 8. Gauteng 9. Mpumalanga 10. Limpopo	N None 01 Sight (even with glasses) 02 Hearing (even with hearing aid) 03 Communication (talking, listening) 04 Physical (moving, standing, grasping) 05 Intellectual (difficulties in learning; retardation) 06 Emotional (behavioral or psychological) 07 Multiple 08 Disabled but unspecified U Unknown	a. U Unspecified 01 Employed 02 Unemployed 03 Not working — looking for work 04 Not working — housewife /homemaker 05 Not working — scholar /full-time student 06 Not working — pensioner /retired person 07 Not working — disabled person 08 Not working — not wishing to work 09 Not working — none of the above 97 N/A: aged < 15 98 N/A: Institution