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## SDF Continuous Professional Development Registration

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### Personal Details:

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Surname	
First name	
Initials	
Work telephone	
Cell phone	
Email	
Fax	

*Please ensure that you complete all relevant documentation and submit these via fax or email.  
Contact details are on the next page.*

### CHECKLIST OF DOCUMENTS TO SUBMIT FOR THE PROGRAMME

Info to be submitted	Page no.	Submitted		Comment
		Y	N	
Company Information	2			
Member of ASDFSA	2			
Registration form	3			
Copy of ID document	3			
Self evaluation	5 & 6			
CV	6			
SDF training record	6			
Code of Conduct	7			

**Thank you for your interest in this exciting development towards your professional development as a value – added resource in the organisation.**





# SDF Continuous Professional Development Registration

## Company Information

Company Name: \_\_\_\_\_

Company SDL number: 

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Company address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact numbers: (t) \_\_\_\_\_ (f) \_\_\_\_\_

SIC Code: \_\_\_\_\_

Are you a member of ASDFSFA (Association for Skills Development in South Africa)?

YES

NO

If yes, please supply your membership no. \_\_\_\_\_

If no, please confirm if you would like to receive information about membership of the professional body.

Yes, please send me more information.  YES

No, I do not wish to join at present.  NO

You may also visit the ASDFSFA website at [www.asdfsfa.co.za](http://www.asdfsfa.co.za)

### For information about the programme:

Contact [Gill Connellan](#) Email [gill@eclipse1.co.za](mailto:gill@eclipse1.co.za)  
Tel: (021) 6850451  
Cell: 082 853 3778

### For information about registration and administration:

Contact [Juanita Gordon](#) Email [Juanita@eclipse1.co.za](mailto:Juanita@eclipse1.co.za)  
Tel: (021) 6850451  
Fax: (021) 6850454

Website: [www.asdfsfa.co.za](http://www.asdfsfa.co.za)





SDF Continuous Professional Development  
Registration

**PLEASE ATTACH COPY OF ID DOCUMENT (NOT DRIVERS LICENSE) TO THIS FORM**

**Learner Information Form**

National ID		Alternative ID type	
Learner Alternate ID			
Equity Code		Nationality Code	Gender Code
Citizen Resident Status Code			
Home Language Code		Socio-economic Status Code	
Disability Status Code			
Learner Last Name ( <i>Surname</i> )			
Learner First Name			
Learner Middle Name			
Learner Title		Learner Birth Date	y y y y m m d d
Learner Home Address			
	Learner Home Address Postal Code		
Learner Postal Address <i>(where certificate &amp; endorsement will be posted to)</i>			
	Learner Home Address Postal Code		
Learner Phone Number	-	-	
Learner Cell Phone Number	-	-	
Learner Fax Number	-	-	
Learner E-mail Address			
Learner Organisation Name			
Province Code		Provider ETQA ID	
Provider Code			
Learner Previous Last Name <i>(Maiden Name / Previous Married Surname / Surname before Name Change)</i>			
U.S / Learning Programme / Course / Qualification Title			
U.S/ Qualification ID			NQF Level
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	<i>(Last day of workshop)</i>	

I hereby declare that the above information is correct.

Signature





## SDF Continuous Professional Development Registration

### CODES FOR LEARNER INFORMATION SHEET

Alternative ID type	Equity Code	Nationality Code
521 SAQA Member ID 527 Passport No. 529 Driver's Licence 531 Temporary ID No. 533 None 535 Unknown 537 Student No. 538 Work Permit No. 539 Employee No. 540 Birth Certificate No. 541 HSRC Register No. 561 ETQA Record No.	BA Black: African BC Black: Coloured BI Black: Indian/Asian U Unknown WH White	U Unspecified SA South Africa 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 SEY Seychelles ZAI Zaire ROA Rest of Africa EUR European countries AIS Asian countries NOR North American countries SOU Central & South America countries AUS Australia & New Zealand OOC Other and rest of Oceania NOT N/A: Institution
Citizen Resident Status	Home Language Code	Province Code
U Unknown SA South Africa O Other D Dual (SA plus other)	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 I siNdebele	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
Disability Status	Socio-economic Status	
N None 01 Sight (even with glasses) 02 Hearing (even with a hearing aid) 03 Communication (talking, listening) 04 Physical (moving, standing, grasping) 05 Intellectual (difficulties in learning); retardation 06 Emotional (behavioural or psychological) 07 Multiple 09 Disabled but unspecified U Unknown	U Unspecified 01 Employed 02 Unemployed, looking for work 03 Not working – not looking for work 04 Not working – housewife / home-maker 06 Not working – scholar / full time student 07 Not working – pensioner / retired person 08 Not working – disabled person 09 Not working – not wishing to work 10 Not working – none of the above 97 N/A: Aged <15 98 N/A: Institution	
Assessor ID	Date Stamp	
Assessor Registration Number <u>or</u> ID number	Last day of workshop	



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**Please answer the following questions:**

1. Where does the SDF fit into the Enterprise Resource Planning of the organisation?

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2. a) What change management process have you implemented in respect of skills development in the organization?

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b) What change management process are you currently employing?

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c) What change management process do you want to implement in the near future?

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# SDF Continuous Professional Development Registration

## CODE OF CONDUCT

(Based on code of conduct of the Association for Skills Development Facilitation in South Africa)

### 1. Preamble

The purpose of this code is to provide a code of conduct that is appropriate in ensuring high levels of service to our clients and employers. It is paramount that the skills development facilitators ensure that the provisions of this code are adhered to at all times.

### 2. Values

The participants in the CPD programme will subscribe to the following core values:

- Professionalism
- Integrity
- Honesty
- Client focus
- Quality
- Participants must perform their functions in good faith, giving full effect to the obligations and spirit of the Skills Development Act and any relevant related legislation and/or regulation.
- Representatives are to abstain from any conduct or interests etc. that may conflict with relevant legislation and/or regulatory framework.
- Members must sign and adhere to this Code of Conduct

### 3. Code of conduct

The "Workplace Skills Planning" process is about engagement between employer and employee caucuses within companies that are registered with SETAs, with the skills development facilitator acting as a "process engineer" rather than as a participant. The workplace skills plan (WSP) itself is simply a "Minute of Agreement" that results from proper process. The quantitative components of the WSP apply to all sizes of companies, while the qualitative aspects apply to all sizes of companies requiring learnership or other discretionary funding from the SETA with which they are registered.

### Areas of conduct in relation to professional behaviour

As a participant in the CPD programme, I will abide by the following -

- I will be honest when submitting progress and activity reports.
- I will discharge my duties with diligence and punctuality.
- I will not profit from confidential information acquired from member companies while engaged with a member company or after termination of my relationship with such company.
- I will act at all times in the interest of the member company in relation to the relevant SETA and other members.
- I will contribute meaningfully, with the full mandate of my constituencies, at all times.
- I will endeavour to promote a culture of consensus at all times.

### 4. Conclusion

I, ....., representative of the ..... SETA, hereby agree to abide by the preceding Code of Ethics as based on the Code and Good Practice of the Association for Skills Development Facilitation in South Africa.

Signature:.....

Signed at.....this .....day of.....200...



In Association with -

and