



higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR ARTISAN RECOGNITION OF PRIOR LEARNING

(This form should be completed in block letters)

In terms of Section 26 D of the Skills Development Act

Surname: _____

First Names: _____

Trade Test Centre: _____

Race and Gender

African	Female		Male	
Indian	Female		Male	
Coloured	Female		Male	
White	Female		Male	

Nationality: _____

Province: _____

Municipality: _____

Identity/passport number:

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Date of Birth: _____

Educational Qualification: _____

Residential Address: _____

Postal Address: _____

Telephone (Home): _____ Telephone (employer): _____

Cell Phone number: _____

E- mail address; _____

Name and address of current employer: _____

Current Occupation: _____

OFO Code: _____

ARPL applying for (trade title): _____

Specialisation: _____

Have you attempted a trade test previously if yes supply date and Centre name?

Yes		No	
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Centre Name: _____ Date: _____

Years of Relevant Work Experience: (minimum 3 years) _____

Details of Experience:

Attach appendix of outlining the scope of workplace: Evidence in the form of testimonials, certificates of the Skills development provider detailing technical training completed certificates of service by employers or other persons of standing substantiating the training and experience referred to above must accompany the application.

Name and address of workplace	From	To	Detail of practical tasks
(a)			
(b)			
(c)			
(d)			
(e)			

Details of training – (Knowledge and Skills training.) *Attach certified copies.*

Original documentation must be provided with the application and the candidate must provide the centre with copies certified by a Commissioner of Oaths.

Name of Skills development provider.	From	To	Course
(a)			
(b)			
(c)			
(d)			

Note: Training and experience: (Give full details and exact dates)

Are you currently bound by a learner agreement?

Yes

☐

No

☐

Learner Agreement: No _____

Relevant SETA: _____

Applicant's Signature: _____ Date: _____

For Official Use

Recommended for Registration

YES

☐

NO

☐

ARPL Reference Number:

(NOTE: REFERENCE NUMBER TO BE USED IS APPLICANTS ID NO)

Registration date:

Trade test Centre:

INDLELA

Accreditation number:

AC000043NAMB

Receipt no:

NOT APPLICABLE AT THIS STAGE - 0 COST

Comments:

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.....

Delegated Person

Name.....

Signature:

Additional Information (Compulsory)

The purpose of this document is to make the artisan recognition of prior learning staff member aware of any medical condition in order to ensure the safety of the applicant.

MEDICAL INFORMATION

Please indicate by means of a cross in the appropriate space, as to whether or not you suffer from any medical disorder or allergy, e.g., high / low blood pressure, epilepsy, etc.

YES

NO

If YES, please state the nature.

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Please indicate if you have any disability.

YES

NO

If YES, please state the nature:

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