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## DEPARTMENT OF EDUCATION

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Reference: **L4.9.1.1.3.1**  
Date: **21 May 2020**

**TO: PRINCIPAL: NORTHERN CAPE CET COLLEGE  
DEPUTY PRINCIPAL: ACADEMIC SERVICES  
REGIONAL CET COORDINATORS  
CET CLUSTER REPRESENTATIVES  
CET LECTURERS  
EXAMINATION AND ASSESSMENT DISTRICT OFFICIALS**

**EXAMINATION INSTRUCTION NUMBER: E31/2020**

**REGISTRATION PROCEDURE FOR ENTRY TO THE AET LEVEL 4 EXAMINATION –  
OCTOBER/NOVEMBER 2020**

### INTRODUCTION

The Northern Cape Department of Education will be conducting the AET Level 4 Examinations during November 2020. This examination instruction contains important information for the guidance of officials at examination centres and for prospective candidates, concerning the procedures to be followed in order to enter for the AET Level 4 Examination to be written in October/November 2020.

Therefore, all candidates wishing to write the AET Level 4 Examination of the Northern Cape Department of Education in October/November 2020 are required to register for admission to the examinations. The entry form is obtainable from examination centres. The entry form must be completed and submitted to an examination centre. All entry forms **must** be submitted to Examinations and Assessment via the District Office **on or before the closing date, FRIDAY, 26 JUNE 2020.**

**A certified copy of the candidate's identity document (photo and ID number) or birth certificate must be stapled to all entry forms.** Where this is not available, the Centre Manager must attach a note to this effect to the entry form and ensure that the required documents are submitted before the start of the examinations.

## **DUE DATES**

The closing date for all candidates wishing to write the AET Level 4 Examination in October/November 2020 is **FRIDAY, 26 JUNE 2020**. Candidates must be informed that **NO** extensions beyond this date will be granted and that **NO LATE ENTRIES** will be accepted.

**NO CANDIDATE WILL BE PERMITTED TO CHANGE A LEARNING AREA(S) AFTER THE DUE DATE FOR REGISTRATION FOR THE AET LEVEL 4 EXAMINATIONS.**

**CANDIDATES WILL ONLY BE ALLOWED TO SIT FOR LEARNING AREAS ORIGINALLY REGISTERED FOR DURING THE 2020 OCTOBER/NOVEMBER AET LEVEL 4 EXAMINATIONS.**

The Chief Invigilators/Centre Managers are accountable for ensuring that all candidates at their Centres are registered on time, for the complete correctness of every detail on each entry form and for ensuring that all entry forms are submitted at least one week, i.e. **19 JUNE 2020**, prior to the due date of **26 JUNE 2020**, to their respective District AET Co-ordinators.

## **PREPARATION FOR COMPLETING THE ENTRY FORM**

*AET candidates must be given assistance with the completion of the entry form. Candidates are required to complete the entry form in black ink. It is crucial that Centre Managers/Chief Invigilators double check all entry forms before submitting the documents to Examinations and Assessment. Officials are urged to take serious note that any incorrect information submitted, especially on the learning areas the candidates register for, constitute an administrative irregularity, unless proof of registration can be provided by either the Candidate, Centre Manager or District AET Coordinator. Disciplinary action will be taken against the official at fault.*

All candidates are required to submit a certified copy of the first page of their ID document (photo and ID number).

Candidates requiring extra time must submit the concessions form to the Centre Manager, specifying the disability or barrier, as well as a medical report certifying the disability or barrier.

All additional documents that have to be attached to the entry form must be stapled to the form.

## **GUIDELINES FOR THE COMPLETION OF THE ENTRY FORM**

*Instructions should be read carefully before completing the entry form.*

Candidates should complete the form at the school/centre under the supervision of the Principal/Head of Institution/Centre Manager/Chief Invigilator/delegated responsible staff member. Each candidate is to fill in the entry form with the UTMOST CARE and with the greatest attention to ACCURACY and LEGIBILITY. Special care must be taken to ensure that candidates enter for the correct learning area. ***Candidates will not be allowed to sit for any examinations if registration is not done. Unregistered candidates will not be allowed to sit for the examination, unless proof of registration can be provided by the Candidate, Centre Manager or District AET Co-ordinator. If an unregistered candidate sits for the examination he/she will not be resultted for that particular examination. An irregularity will be registered, and an investigation will be conducted. The responsible official/s will be sanctioned accordingly.***

### **NOTE: THE ORDER IN THE FOLLOWING PAGES CORRESPONDS WITH THE ORDER ON THE ENTRY FORM**

**DATE OF EXAMINATION:** Date of the examination which the candidate has entered for.

**CANDIDATE SEQUENCE NUMBER (UPPER RIGHT-HAND SIDE OF PAGE 1):** This is a three digit number (e.g. 020) that is allocated to each candidate by the Head of the Institution/Centre Manager after arranging the entry forms in strict **ALPHABETICAL** sequence according to surname and first name(s). Allocate the sequence number and then write it in the relevant block. It is essential that **EVERY** entry form has a number and that no numbers are duplicated. (These numbers are used for control purposes)

**EMIS NUMBER:** Refers to the official registration number of the school or college or centre or institution. No entry form can be accepted without a valid EMIS number. If in doubt, contact your EMIS sub-directorate or the Examination System Administrator at Head Office.

**SCHOOL/CENTRE NAME:** Refers to the official name of the school/examination centre.

**MEDIUM IN WHICH YOU WISH TO WRITE:** Refers to the medium of instruction at the AET centre. It can only be English (E) or Afrikaans (A).

**HOME LANGUAGE:** Language that is used in the home environment. Please select one of the codes given.

**CERTIFICATE LANGUAGE:** Certificates will be printed in English plus any one of the other official languages. Indicate with the relevant code the additional language to be used on the certificate.

**LEARNERS WITH SPECIAL EDUCATION NEEDS (LSEN):** Choose a code, which describes the need and complete in the block provided.  
2 = Deaf, 10 = Blind, 12 = Deaf-blind disability or 30 = No Disability.

**ENTRY TYPE:** In the block provided, indicate whether the type of institution you registered at is either Public (1) or Industrial (2).

**RACE:** Indicate your race by selecting a code from the codes given. This field **MUST** be completed as it is used for planning purposes. Candidates will not be registered if ANY field is incomplete.

**DATE OF BIRTH:** The date on which the candidate was born. Fill in Year, Month and Day.

**IDENTITY NUMBER:** The candidate's **IDENTITY NUMBER** must be entered absolutely accurately. As many errors are made with the ID number, a fellow student or staff member must check each digit of the number while the candidate concerned reads out his/her ID number. Nevertheless, it is the responsibility of the **CENTRE MANAGER** to finally check the accuracy of this number.

**GENDER:** The gender of the candidate, **M** for male or **F** for female.

**SURNAME:** The surname **must** be written one letter per block and **must** be the same as on the birth certificate or identity document.

**FIRST NAMES:** First names **must** be written one letter per block and one name per line and it **must** be the same as on the birth certificate or identity document.

**DIACRITICS IN NAME:** If there are any letters in the candidate's name, which have special characters, fill in a **Y** for yes and an **N** for no.

**POSTAL ADDRESS:** Refers to the address where the candidate's post is delivered and may be a street address OR a post box. **POSTAL CODE:** The postal code **must** be written in the last set of blocks on the left of the last line. **TELEPHONE NUMBER:** It is where the candidate may be contacted should this be necessary.

**LEARNING AREA CHOICES:** In the "MARK WITH AN X" column, **only the learning areas the candidate has registered for** have to be marked off in the appropriate block.

**CANDIDATE'S SIGNATURE:** The candidate must sign the entry form to certify that the information, which was given, is correct.

**SIGNATURE OF EDUCATOR:** The delegated responsible staff member must also sign the form after having **checked all the details on each entry**, as an acknowledgement of the accuracy of all the information.

**SIGNATURE OF CENTRE MANAGER:** The CENTRE MANAGER **must sign** the entry form to certify that all the information is correct.

**SIGNATURE OF AET DISTRICT CO-ORDINATOR:** The AET DISTRICT CO-ORDINATOR **must sign** the entry form to certify that all the information is correct.

**THE STAMP OF THE SCHOOL/CENTRE** at which the candidate is sitting for the examination has to appear on the entry form.

### **PROOF OF REGISTRATION**

**Centre Managers** must compile a **control list of names and learning areas** of all registration forms before it is submitted to the District AET Co-Ordinator.

The **District AET Co-Ordinator** must **control, sign and stamp** the control list before he/she submits the registration forms to Examinations and Assessment.

**The above-mentioned documents will be deemed as valid should proof of registration be required.**

An appeal is made to Centre Managers/Chief Invigilators/Heads of Institutions and District Officials as well as Head Office System Administration Officials to act in the best interest of their learners by thoroughly checking every detail of each entry. This is to eliminate any administrative irregularities during capturing of the registration data of candidates.

All entries **must** be submitted to Examinations and Assessment **via the District Office on or before the closing date, FRIDAY, 26 JUNE 2020.**

If you have any enquiries regarding the entries, you are welcome to contact the following officials:

**Nicky Fredericks at (053) 839-6424/Florence Maribe at (053) 839-6496.**

Your co-operation in this matter will be greatly appreciated.

Kind regards



**A.P. PHUZI**

**CHIEF DIRECTOR: EXAMINATION & ASSESSMENT**



DEPARTEMENT VAN ONDERWYS  
DEPARTMENT OF EDUCATION



**/BO VLAK 4 - INSKRYWINGSVORM OKTOBER/NOVEMBER 2020**  
**AET LEVEL 4 ENTRY FORM OCTOBER/NOVEMBER 2020**

**L.W. LEES AANGEHEGTE INSTRUKSIES VOORDAT U DIE VORM VOLTOOI**  
**N.B. READ ATTACHED INSTRUCTIONS BEFORE COMPLETING THE FORM**

**A. HEG ASSEMBLIEF 'N AFSCRIF VAN U IDENTITEITSDOKUMENT OF GEBOORTESERTIFIKAAT HIERBY AAN**  
**PLEASE ATTACH A COPY OF YOUR IDENTITY DOCUMENT OR YOUR BIRTH CERTIFICATE**

**A. ALLE KANDIDATE/ALL CANDIDATES**

<b>Eksamendatum</b> Date of Examination	J/Y J/Y J/Y J/Y M M	<b>Volgreeksonummer</b> Sequence Number	
	2 0 2 0 1 0		
<b>OBIS-NO</b> EMIS NO	2 0		
<b>Naam van skool/sentrum waar u wil skryf</b> Name of school/centre where you wish to write			
<b>Medium waarin u verkies om te skryf</b> Medium in which you wish to write	<input type="checkbox"/>	<b>A - AFRIKAANS</b> E - ENGLISH	<b>Immigrant</b> Immigrant <input type="checkbox"/>
			J = JA Y = YES N = NEE N = NO
<b>Hulstaal</b> Home Language	<input type="checkbox"/>	A - AFRIKAANS N - ISINDEBELE	I - SISWATI P - SEPEDI
		E - ENGLISH S - SESOTHO	T - XITSONGA X - ISIXHOSA
		V - TSHIVENDA Z - ISIZULU	W - SETSWANA
<b>Sertifikaattaal</b> Certificate Language	<input type="checkbox"/>	A - AFRIKAANS N - ISINDEBELE	I - SISWATI P - SEPEDI
		E - ENGLISH S - SESOTHO	T - XITSONGA X - ISIXHOSA
		V - TSHIVENDA Z - ISIZULU	W - SETSWANA
<b>LSOB KODE</b> LSEN CODE	<input type="checkbox"/>	10 = BLIND	2 = DOOF / DEAF
		12 = DOOF-BLIND / DEAF-BLIND	<b>Inskrywingstipe</b> Entry Type <input type="checkbox"/>
			1 = PUBLIC 1 = PUBLIEKE 2 = INDUSTRY 2 = NYWERHEID
<b>Ras</b> Race	<input type="checkbox"/>	A - ASIER A - ASIAN	B - SWART B - AFRICAN
		C - KLEURLING C - COLOURED	I - INDIËR I - INDIAN
		W - BLANK W - WHITE	

**B. PERSOONLIKE GEGEWENS/PERSONAL INFORMATION - Voltooi in blokletters met swart ink / Complete in block letters with black ink.**

<b>Geboortedatum</b> Date of birth	J/Y J/Y J/Y J/Y M M D D	
<b>Identiteitsno.</b> Identity No.		<b>Geslag</b> Gender <input type="checkbox"/>
		M = MANLIK M = MALE V = VROULIK F = FEMALE
<b>Van</b> Surname		
<b>Voorname</b> First Names		
<b>Skryftekens in naam</b> Diacritics in name	<input type="checkbox"/>	J = JA Y = YES N = NEE N = NO
<b>Huistaal</b> Home Language	<input type="checkbox"/>	A - AFRIKAANS N - ISINDEBELE
		I - SISWATI P - SEPEDI
		E - ENGLISH S - SESOTHO
		T - XITSONGA X - ISIXHOSA
		V - TSHIVENDA Z - ISIZULU
		W - SETSWANA
<b>Posadres van</b> Kandidaat Postal address of Candidate		
<b>Poskode</b> Postal code		<b>Telefoonnummer</b> Telephone number

**VOLTOOI ASSEMBLIEF U VAKKEUSE OP DIE RUGKANT** **PLEASE**  
**TURN OVER AND COMPLETE SUBJECT TABLE**

**C. LEERAREAKEUSES/LEARNING AREA CHOICES**

**MERK MET 'N "X" IN DIE TOEPASLIKE BLOKKIE LANGS DIE LEERAREAKODE  
MARK WITH AN "X" IN THE APPROPRIATE BLOCK ALONGSIDE THE LEARNING AREA CODE**

MERK MET 'N "X" MARK WITH AN "X"	LEERAREAKODE LEARNING AREA CODE					BESKRYWING VAN LEERAREA/DESCRIPTION OF LEARNING AREA
	7	4	0	1	4	AFRIKAANS
	7	4	0	2	4	ENGLISH
	7	4	2	1	4	TOERISME/TOURISM
	7	4	2	2	4	AANVULLENDE GESONDHEIDSORG/ANCILLIARY HEALTH CARE
	7	4	1	2	4	WISKUNDIGE GELETTERDHEID/MATHEMATICAL LITERACY
	7	4	2	0	4	TOEGEPASTE LANDBOU EN LANDBOUTEGNOLOGIE/ APPLIED AGRICULTURE AND AGRICULTURAL TECHNOLOGY
	7	4	1	3	4	NATUURWETENSKAPPE/ NATURAL SCIENCES
	7	4	1	4	4	TEGNOLOGIE/TECHNOLOGY
	7	4	1	5	4	GEESTES- EN SOSIALE WETENSKAPPE/HUMAN AND SOCIAL SCIENCES
	7	4	1	6	4	EKONOMIESE- EN BESTUURSWETENSKAPPE/ ECONOMIC AND MANAGEMENT SCIENCES
	7	4	1	8	4	LEWENSORIENTERING/LIFE ORIENTATION
	7	4	1	0	4	SETSWANA
	7	4	0	5	4	ISIXHOSA
	7	4	1	9	4	KLEIN, MEDIUM EN MIKRO-ONDERNEMINGS/ SMALL MEDIUM AND MICRO ENTERPRISES
	7	4	2	5	4	INLIGTINGSKOMMUNIKASIE TEGNOLOGIE/ INFORMATION COMMUNICATION TECHNOLOGY
	7	4	2	6	4	VROEË KINDERONTWIKKELING/ EARLY CHILDHOOD DEVELOPMENT
	7	4	1	7	4	KUNS EN KULTUUR/ARTS AND CULTURE
	7	4	2	3	4	WISKUNDE WISKUNDE WETENSKAPPE/ MATHEMATICS AND MATHEMATICAL SCIENCES
	7	4	2	7	4	GROOTHANDEL EN KLEINHANDEL/WHOLESALE AND RETAIL

**D: SERTIFISERING/CERTIFICATION**

Ek verklaar dat ek vir die korrekte vakke Ingeskryf het en verstaan dat na inhandiging van hierdie vorm, **GEEN LEERAREAS VERANDER OF BYGEVOEG** kan word nie.  
I certify that I have entered for the correct subjects and understand that **NO LEARNING AREA CAN BE CHANGED OR ADDED** after submission of this form.

Handtekening van Applikant  
Signature of Applicant

Datum/Date

Handtekening van Opvoeder  
Signature of Educator

Datum/Date

Handtekening van Sentrumbestuurder  
Signature of Centre Manager

Datum/Date

Handtekening van VBOO-  
Distrikkoördineerder Signature of AET

Datum/Date

**Skoolstempel  
School Stamp**