



P O Box 26024, Arcadia, 0007
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 529 Belvedere Street, Arcadia, 0083
 Tel: (012) 301 5600
 Fax: (012) 325 1677
 Website: www.agriseta.co.za
 Email: info@agriseta.co.za

LEARNER INFORMATION FORM: GRADUATES – PROJECT REF:

Full Names													
Surname													
Initials													
ID number <i>(please attach certified copy of ID)</i>													
Race & Gender													
Disability													
Home Language													
Province													
Rural / Urban													
Municipality/District													
Physical Address													
Postal Address													
Tel/Cell Number													
E-mail address													
BASIC EDUCATION													
Name of last school attended													
Highest grade obtained <i>(e.g grade 12)</i>													
Year obtained													
CURRENT REGISTRATION (TERTIARY)													
Name of Learning Institution													
Qualification currently registered <i>(e.g. ND: Agric Crop Production)</i>													NQF Level

Level of Studies (e.g 1 st year)											Is this your final year?				
Start and End Date															
Awarded Bursary Amount											Type of learner/student	18.1		18.2	x
Were your studies funded by Agriseta in the previous year?	01 January 2024 to 31 December 2024														
EMPLOYER DETAILS															
Name of Employer	Tshwane University of Technology														
Employer Type (please tick whichever is applicable)	Co-operative		NGO		NPO		Other (please specify)	x Institution of higher learning							
Employer category (please tick whichever is applicable)	AgriSETA Levy payer x					Non AgriSETA Levy Payer									
SDL Number	L	6	5	0	7	5	2	0	5	0					
Employer size (please tick whichever is applicable)	Large x		Medium			Small									
CIPRO/Dept. Of Social Development Registration no.	Recognised by High Education Act														
Physical Address	Staatsartillerie Road, Pretoria West														
	0	0	0	1											
Province	Gauteng														
Municipality: Local	Pretoria							District Pretoria							
Contact person	M	R		D	D		X	a	b	a					
Tel number	0	1	2	3	8	2	4	6	3	4					
Cell number	0	7	6	7	0	2	6	7	1	5					
E-mail address	Xabadd@tut.ac.za														

Signature of Learner _____

Date _____

Signature of Employer _____

Date _____