



# LEARNER ENROLMENT & DECLARATION OF AUTHENTICITY FORM

Please complete all information marked with an \*. Where no employer is applicable, please indicate as not applicable (N/A).

***This form must be completed in the learner's own handwriting.***

COURSE DETAILS									
Online Course Name					Food Safety Practices for Persons in Charge of Food Premises Course (FS01)				
Online Course Enrolment Date*									
Online Course Facilitator					Mthokozisi Nkosi				
What type of device will you mostly use to complete this online course?*					Mobile Phone		Computer / Laptop		Tablet
<i>(Mark with an "X")</i>									
LEARNER DETAILS									
Full Names & Surname*									
Student Online User Name*									
<i>(Do not provide your password)</i>									
ID / Passport Number*									
Equity <i>(mark with an X)*</i>					BA	BC	BI	W	OTHER
Gender <i>(mark with an X)*</i>					M		F		Other
Position in the Company*									
Job Description*									
<i>(Please provide a short description of your current duties in your company)</i>									
Years' Food & Beverage industry experience*									
Highest Qualification*									
Address	*								
Suburb	*			City	*			Postal Code	*
Contact No	*				Email	*			

<b>Learner Signature</b>		*		<b>Date</b>		*	
<b>Employer Signature</b>		*		<b>Date</b>		*	



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EMPLOYER DETAILS	
Company Name*	
Contact Person*	
Office Contact Number*	
SUPERVISOR / MENTOR DETAILS <i>(The person who will assist / mentor the learner during this course)</i>	
Supervisor / Mentor Name*	
Supervisor / Mentor Job Title*	
Supervisor / Mentor Contact Number*	
DECLARATION OF AUTHENTICITY	
I _____ (full names and surname), ID number _____ declare that all the evidence presented during this online course will be my own work and will be completed by me and in my own handwriting.*	

<b>Learner Signature</b>	*	<b>Date</b>	*
<b>Employer Signature</b>	*	<b>Date</b>	*

**\*\*\*Please attach a clear copy of your ID / Passport document to this form\*\***