



ASSESSMENT AND EXAMINATIONS

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ASSESSMENT INSTRUCTION 07 OF 2016

TO: DEPUTY DIRECTORS-GENERAL
CHIEF DIRECTORS
HEAD OFFICE DIRECTORS AND DISTRICT DIRECTORS
CHIEF EDUCATION SPECIALISTS
EDUCATION DEVELOPMENT OFFICERS
DEPUTY CHIEF / SENIOR EDUCATION SPECIALISTS
HEADS OF AET CENTRES
TEACHER UNIONS / ORGANISATIONS
SITE GOVERNING BODIES

DATE: 25 FEBRUARY 2016

AET LEVEL 4 MAY / JUNE 2016 EXAMINATIONS REGISTRATION OF LEARNERS
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- A. The registration form for candidates entering 2016 AET L4 examination in May/June 2016 is attached as Annexure A. List of all AET L4 Learning Areas from which learners may choose the Learning Areas they wish to register is attached as Annexure B.
- B. The closing date for entry forms at the District office is Wednesday 09 March 2016. No late entries will be accepted.
- C. Kindly note the following when completing the attached official registration Form:
- 1) **Sequence Number** (Sequence in the centre): This is for office use.
 - 2) **Exam Centre Name**: Ensure the correct Examination Centre name (Name of Centre) appears on each entry.
 - 3) **EMIS Number & Centre Numbers**: Ensure that the EMIS and Centre Numbers are not shared with other centres.

- 4) **Medium in which you wish to write:** Cross Afrikaans or English. This is very important because papers will be printed and distributed according to this information.
- 5) **Home language:** Write the correct code in the appropriate block.
- 6) **Certificate Language:** Write the correct code (E-English or A - Afrikaans) in the appropriate block. Statement of Result will be in the selected Language.
- 7) **Immigrant:** Put Y for Yes or N for No. An immigrant is a candidate who entered the South African Schooling system in Grade 7 or later and whom an immigrant Concession has to be obtained from the Directorate: Assessment & Examinations.
- 8) **Population Group:** Write the correct code in the appropriate block.
- 9) **Date of Birth:** e.g. 19810829=29 August 1981.
- 10) **Gender:** Write M or F in the appropriate block.
- 11) **Identity Number:** The candidate must have an ID book.
- 12) **Surname:** As in the ID book or on the birth registration certificate.
- 13) **First name (s):** As in ID book or birth registration certificate.
- 14) **Special Characters in the name:** encircle Yes or No. If yes, write the letter with character in the block, e.g. é.
- 15) **Postal Address.**
- 16) **Postal Code.**
- 17) **Telephone/ Cell phone Number** where a person can be reached when necessary.
- 18) **Mark the learning Areas in the appropriate blocks.**
- 19) **Application must be signed:** A signature means that all information in the form is correct and true.
- 20) **Centre Manager's name:** The one who is going to sign on behalf of the centre.

D. The Centre Managers are urged to take this registration process seriously and to meet the deadline in order to avoid having unregistered learners. The Department will not allow unregistered learners to write these examinations.

E. Centre Managers are also expected to complete the attached statistics verification form (Annexure C analysis of candidates' numbers per learning area) and submit it to the District office by the 09 March 2016. The District will submit those to the Provincial Assessment and Examination office on 11 March 2016.

 MR R. TYWAKADI
 DDG INSTITUTIONAL OPERATIONS MANAGEMENT

25 / 02 / 2016
 DATE





AET LEVEL 4: EXTERNAL ASSESSMENT
Entry Form For **May / June 2016** Examinations
CLOSING DATE 09 March 2016 (At District Office)

A ALL LEARNERS:

Sequence Number (Office Use)

Name of centre where you wish to write

EMIS No.

Centre no.

Medium in which you wish to write E = English / A=Affikaans

Home language

- | | |
|-------------|--------------|
| A=Afrikaans | C=SiSwati |
| E=English | N=IsiNdebele |
| P=Sepedi | S=seSotho |
| T=XiTsonga | V=Tshivenda |
| W=SeTswana | X=IsiXhosa |
| Z=IsiZulu | |

Certificate language

Immigrant: Y= Yes / N= No

Population Group B= Black : W= White : A= Asian : I= Indian : C= Coloured

B PERSONAL INFORMATION - COMPLETE IN BLOCK LETTERS

Date of Birth Gender M=male f=Female

Identity No

Surname

First name(s)

Special Character in a name = Yes / N = No

Postal address

Postal code

Telephone number



AET LEVEL 4 EXTERNAL ASSESSMENT

C LEARNING AREA CHOICES

MARK LEARNING AREA CHOICE WITH AN "X" IN THE CORRESPONDING BLOCK

LEVEL 4	LEARNING AREA CODES	LEARNING AREA DESCRIPTION
<input type="checkbox"/>	AAAT4	APPLIED AGRICULTURE AND AGRICULTURAL TECHNOLOGY L4
<input type="checkbox"/>	ANHC4	ANCILLARY HEALTH CARE L4
<input type="checkbox"/>	ARTC4	ARTS AND CULTURE L4
<input type="checkbox"/>	EMSC4	ECONOMICS AND MANAGEMENT SCIENCES L4
<input type="checkbox"/>	ECDV4	EARLY CHILDHOOD DEVELOPMENT L4
<input type="checkbox"/>	HSSC4	HUMAN AND SOCIAL SCIENCES L4
<input type="checkbox"/>	INCT4	INFORMATION AND COMMUNICATION L4
<input type="checkbox"/>	LCAF4	AFRIKAANS L4
<input type="checkbox"/>	LCEN4	ENGLISH L4
<input type="checkbox"/>	LCSO4	SESOTHO L4
<input type="checkbox"/>	LCXH4	ISIXHOSA L4
<input type="checkbox"/>	LCZU4	ISIZULU L4
<input type="checkbox"/>	LIFO4	LIFE ORIENTATION L4
<input type="checkbox"/>	MLMS4	MATHEMATICAL LITERACY L4
<input type="checkbox"/>	MMSC4	MATHEMATICS AND MATHEMATICAL SCIENCES L4
<input type="checkbox"/>	NATS4	NATURAL SCIENCES L4
<input type="checkbox"/>	SMME4	SMALL, MEDIUM AND MICRO ENTERPRISES L4
<input type="checkbox"/>	TECH4	TECHNOLOGY L4
<input type="checkbox"/>	TRVT4	TRAVEL AND TOURISM L4
<input type="checkbox"/>	WHRT4	WHOLESALE AND RETAIL L4

D I hereby declare that the information furnished herein is correct

Signature of Applicant

Date

Centre Manager's Name

Date

Centre Manager's Signature

Date

