



Province of the  
**EASTERN CAPE**  
EDUCATION

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**ASSESSMENT AND EXAMINATIONS**

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**ASSESSMENT INSTRUCTION 50 OF 2017**

**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:** 24 JULY 2017

<p><b>REGISTRATION OF OCTOBER / NOVEMBER 2017 AET LEVEL 4 LEARNERS</b></p>
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- A. The registration form for candidates entering 2017 AET L4 examination in October / November 2017 is attached as **Annexure A**. The list of all AET L4 Learning Areas for 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 **Friday 25 August 2017**. 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 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 **25 August 2017**. The District will submit those to the Provincial Assessment and Examination office on **31 August 2017**.



**MRS P.A. VINJEVOLD**  
**ACTING DDG EPEM**

2017/07/24  
**DATE**



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



**ANNEXURE C**  
ASSESSMENT INSTRUCTION 50 OF 2017

ANALYSIS OF CANDIDATES' NUMBERS PER LEARNING AREA IN AET LEVEL 4

CENTRE NAME: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

NAME OF CENTRE MANAGER: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_

LEARNING AREA DESCRIPTION	ENGLISH	AFRIKAANS
APPLIED AGRICULTURE AND AGRICULTURAL TECHNOLOGY L4		
ANCILLARY HEALTH CARE L4		
ARTS AND CULTURE L4		
ECONOMICS AND MANAGEMENT SCIENCES L4		
EARLY CHILDHOOD DEVELOPMENT L4		
HUMAN AND SOCIAL SCIENCES L4		
INFORMATION AND COMMUNICATION L4		
AFRIKAANS L4		
ENGLISH L4		
SESOTHO L4		
ISIXHOSA L4		
ISIZULU L4		
LIFE ORIENTATION L4		
MATHEMATICAL LITERACY L4		
MATHEMATICS AND MATHEMATICAL SCIENCES L4		
NATURAL SCIENCES L4		
SMALL, MEDIUM AND MICRO ENTERPRISES L4		
TECHNOLOGY L4		
TRAVEL AND TOURISM L4		
WHOLESALE AND RETAIL L4		

SIGNATURE OF CENTRE MANAGER \_\_\_\_\_

DATE \_\_\_\_\_

STAMP