



Province of the
EASTERN CAPE
EDUCATION

EXAMINATIONS & ASSESSMENT CHIEF DIRECTORATE

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ASSESSMENT INSTRUCTION 04 OF 2019

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**

DATE: 10 JANUARY 2019

<p>AET LEVEL 4 MAY / JUNE 2019 EXAMINATIONS REGISTRATION OF LEARNERS</p>

- A. The registration form for candidates entering 2019 AET L4 examination in May/June 2019 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 Friday, 15 February 2019. 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 a candidate wishes 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 must be obtained from the Head: Examinations and Assessment.
- 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 / number.
- 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 15 February 2019.

P.A. Vinjevold

(A) DDG: EPEM
MRS P.A. VINJEVOLD

11/01/2019

DATE



AET LEVEL 4: EXTERNAL ASSESSMENT
Entry Form For May / June 2019 Examinations
CLOSING DATE – 15 FEBRUARY 2019 (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

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E = English / A=Affikaans

Home language

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Certificate language

--

A=Afrikaans

C=SiSwati

E=English

N=IsiNdebele

P=Sepedi

S=seSotho

T=XiTsonga

V=Tshivenda

W=SeTswana

X=IsiXhosa

Z=IsiZulu

Immigrant:

--

Y= Yes / N= No

Population Group

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

B PERSONAL INFORMATION - COMPLETE IN BLOCK LETTERS

	Y	Y	Y	Y	M	M	D	D											
Date of Birth									Gender		M=male f=Female								
Identity No																			
Surname																			
First name(s)																			

Special Character in a name

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= Yes / N= No

Postal address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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



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