

Province of the  
**EASTERN CAPE**  
EDUCATION

**ASSESSMENT & EXAMINATIONS DIRECTORATE**

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13/P

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**ASSESSMENT INSTRUCTION 37 of 2014**

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

**DATE: 29 MAY 2014**

**2014 AET LEVEL 4 OCTOBER/ NOVEMBER EXAMINATIONS  
REGISTRATION OF LEARNERS**

- A. The registration form for candidates entering 2014 AET L4 examination in October/ November 2014 is attached. 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 District offices is Wednesday 25 June 2014. 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 official use.
  - 2) **Exam Centre Name:** Ensure the correct Exam 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 Results will be in the selected language.



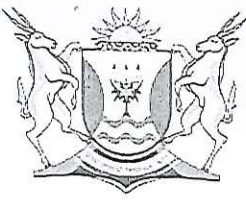
- 7) **Immigrant:** Put Y for Yes or N for No. An immigrant is a candidate who entered the South African Schooling system in Grade 7 or later and for whom an Immigrant Concession has to be obtained from the Directorate: Assessment & Examinations.
- 8) **Population Group:** Write the correct code in the 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 ID book or on birth registration certificate.
- 13) **First name (s):** As in ID book or on birth registration certificate.
- 14) **Special Characters in name:** Encircle Yes or No. If yes, write the letter with the 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 appropriate blocks**
- 19) **Applicant must sign:** 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 deadlines in order to avoid having unregistered learners. The Department will not allow unregistered learners to write examinations at the end of the year.

E. Centre Managers are also expected to complete the attached statistical verification form (Annexure C, analysis of candidates numbers per learning area) and submit it to the District Office by 25 June 2014. The Districts are to submit these to Provincial Assessment and Examination Office by 27 June 2014

  
R.TYWAKADI:  
DEPUTY DIRECTOR GENERAL:  
INSTITUTIONAL OPERATIONS MANAGEMENT





**AET LEVEL 4 : EXTERNAL ASSESSMENT**  
Entry Form For **October/November 2014** Examinations  
CLOSING DATE 25 June 2014(At District Office)

**A ALL LEARNERS:**

Sequence Number (Official Use)

Name of centre where you wish to write

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EMIS No.

Centre No.

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

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 

Y	Y	Y	Y	M	M	D	D
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Gender

M=Male F=Female

Identity No.

Surname

First name(s)

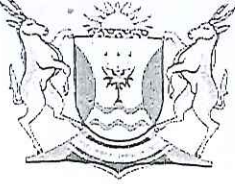
Special Character in a name  Y=Yes N=No

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 AGRIC & AGRIC TECHNOLOGY
<input type="checkbox"/>	ANH4C	ANCILLARY HEALTH CARE
<input type="checkbox"/>	ARTC4	ARTS AND CULTURE L4
<input type="checkbox"/>	EMSC4	ECONOMIC AND MANAGEMENT SCIENCE L4
<input type="checkbox"/>	ECDV4	EARLY CHILDHOOD DEVELOPMENT
<input type="checkbox"/>	HSSC4	HUMAN AND SOCIAL SCIENCES L4
<input type="checkbox"/>	INCT4	INFORMATION AND COMMUNICATION
<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
<input type="checkbox"/>	LIFO4	LIFE ORIENTATION L4
<input type="checkbox"/>	MLMS4	MATHS LITERACY
<input type="checkbox"/>	MMSC4	MATHS & MATHS SCIENCE L4
<input type="checkbox"/>	NATS4	NATURAL SCIENCES L4
<input type="checkbox"/>	SMME4	SMALL MEDIUM & MICRO ENTERPRISES
<input type="checkbox"/>	TECH4	TECHNOLOGY L4
<input type="checkbox"/>	TRVT4	TRAVEL AND TOURISM
<input type="checkbox"/>	WHRY4	WHOLESALE AND RETAIL

**D** I hereby declare the information furnished herein is correct

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

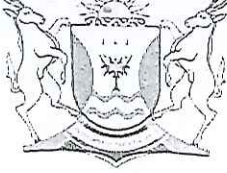
\_\_\_\_\_  
Centre Managers Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Centre Managers Signature

\_\_\_\_\_  
Date





ANNEXURE C  
ASSESSMENT INSTRUCTION 37 of 2014

ANALYSIS OF CANDIDATE NUMBERS PER LEARNING AREA AET L4

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

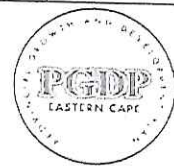
NAME OF CENTRE MANAGER \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

LEARNING AREA DESCRIPTION	ENGLISH	AFRIKAANS
APPLIED AGRIC & AGRIC TECHNOLOGY		
ANCILLARY HEALTH CARE		
ARTS AND CULTURE L4		
ECONOMIC AND MANAGEMENT SCIENCE L4		
EARLY CHILDHOOD DEVELOPMENT		
HUMAN AND SOCIAL SCIENCES L4		
INFORMATION AND COMMUNICATION		
AFRIKAANS L4		
ENGLISH L4		
SESOTHO L4		
ISIXHOSA L4		
ISIZULU		
LIFE ORIENTATION L4		
MATHS LITERACY		
MATHS & MATHS SCIENCE L4		
NATURAL SCIENCES L4		
SMALL MEDIUM & MICRO ENTERPRISES		
TECHNOLOGY L4		
TRAVEL AND TOURISM		
WHOLESALE AND RETAIL		

SIGNATURE OF CENTRE MANAGER

DATE

STAMP



*Ikamva eliqaqambileyo!*

