



Province of the
EASTERN CAPE
EDUCATION

ASSESSMENT & EXAMINATIONS DIRECTORATE

Bundy Park Building, Schornville, King William's Town, Private Bag 4571, King William's Town, 5600
REPUBLIC OF SOUTH AFRICA, Website: www.ecdoe.gov.za : E-mail: khada.pandey@edu.ecprov.gov.za

Ref. No

13/P

Tel: (043) 604 7710

Enquiries:

Mr K. N. Pandey

Fax: 043 604 7734

ASSESSMENT INSTRUCTION 28 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
PRINCIPALS/ MANAGERS OF ALL AET CENTRES
TEACHER UNIONS/ORGANISATIONS
SCHOOL GOVERNING BODIES

DATE: 20 JUNE 2016

2016 AET LEVEL 4 OCTOBER/ NOVEMBER EXAMINATIONS
REGISTRATION OF LEARNERS

- A. The registration forms for candidates entering 2016 AET L4 examination in October/ November 2016 are attached as **ANNEXURE A**.
- B. The closing date for entry forms at District examination offices is **Friday, 22 July 2016**. No late entries will be accepted.
- C. Kindly note the following when completing the attached official Registration Forms:
- 1) **Sequence Number** (Sequence in the school/centre). This is for official use.
 - 2) **Exam Centre Name**: Ensure the correct Exam Centre name (Name of school) 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. 1981 08 29 = 29 August 1981.
- 10) **Gender:** Write M or F in the appropriate block.
- 11) **Identity Number:** The candidate must have an ID book / card.
- 12) **Surname:** As in ID book / card or on birth registration certificate.
- 13) **First name (s):** As in ID book / card or on birth registration certificate.
- 14) **Special Characters in name:** Write **Y** for Yes or **N** for No in the block (e.g. Y, If yes).
- 15) **Postal Address.**
- 16) **Telephone/ Cell phone Number** where a person can be reached when necessary
- 17) **Mark Subject choice with an X in appropriate block**
- 18) **Application must be signed:** A signature means that all information provided in the form is correct and true.
- 19) **Centre Manager's / Principal'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.



MR R. TYWAKADI
DEPUTY DIRECTOR GENERAL:
IOM

22/06/2016
DATE



AET LEVEL 4 : EXTERNAL ASSESSMENT

Entry Form For **October/November 2016** Examinations
CLOSING DATE: 22 July 2016 (At District Examinations Office)

A ALL LEARNERS:

1. Sequence Number (Official Use)

2. Name of centre where you wish to write _____

3. EMIS No.

Centre No.

4. Medium in which you wish to write

E=English / A=Afrikaans

5. Home language

A = Afrikaans C = Siswati
E = English N = IsiNdebele
P = Sepedi S = Sesotho
T = Xitsonga V = Tshivenda
W = Setswana X = IsiXhosa
Z = IsiZulu

6. Certificate Language

7. Immigrant: Y = Yes / N = No

8. Population Group

B = Black, W = White, A = Asian, I = Indian and C = Coloured

B PERSONAL INFORMATION – COMPLETE IN BLOCK LETTERS

9. Date of Birth

10. Gender

M=Male /
F=Female

11. Identity No.

12. Surname

13. First name(s)

14. Special Character in a name Y=Yes / N=No

15. Postal Address

16. Postal Code

17. Telephone Number

C. SUBJECT CHOICES

18. MARK SUBJECT CHOICE WITH AN "X" IN THE CORRESPONDING BLOCK ☐

| LEVEL 4 | SUBJECT CODES | SUBJECT DESCRIPTION |
|--------------------------|---------------|------------------------------------|
| <input type="checkbox"/> | AAAT4 | APPLIED AGRIC & AGRIC TECHNOLOGY |
| <input type="checkbox"/> | ANHC4 | 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"/> | WHRT4 | WHOLESALE AND RETAIL |

D I hereby declare the information herein is correct

19 Name of Applicant

Signature

Date

20. Name of Centre Manager

Centre Stamp

21. Signature of Centre Manager

Date