



**EXAMINATIONS AND ASSESSMENT CHIEF DIRECTORATE**

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**ASSESSMENT INSTRUCTION 23 OF 2020**

**TO:** DEPUTY DIRECTORS-GENERAL  
CHIEF DIRECTORS  
HEAD OFFICE AND DISTRICT DIRECTORS  
CHIEF EDUCATION SPECIALISTS  
CIRCUIT MANAGERS  
DEPUTY CHIEF / SENIOR EDUCATION SPECIALISTS  
HEADS OF AET CENTRES  
TEACHER UNIONS / ORGANISATIONS  
SCHOOL GOVERNING BODIES

**DATE:** 27 JULY 2020

**ADULT EDUCATION AND TRAINING LEVEL 4 OCTOBER / NOVEMBER EXAMINATIONS  
REGISTRATION OF LEARNERS**

- A. The registration form for candidates entering 2020 Adult Education and Training (AET) Level 4 examination in October / November 2020 is attached as **Annexure A**. **Please complete this form in duplicate**. Attach ID fotos to both forms. A list of all AET L4 Learning Areas which learners wish to register is attached to **Annexure A** as **number C**.
- B. The closing date for the submission of entry forms at the District office will be Friday, 14 August 2020. 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) **Examination Centre Name**: Ensure the correct name of the Examination Centre appears on each entry form.

- 3) **EMIS Number & Centre Numbers:** Ensure that the EMIS and Centre Numbers are not shared with other centres.
- 4) **Medium in which Learner wish to write:** Cross Afrikaans or English. This is very important because Question 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 Chief Directorate: Examinations and Assessment.
- 8) **Population Group:** Write the correct code in the appropriate block.
- 9) **Date of Birth:** e.g. 19810829 for **29 August 1981**.
- 10) **Gender:** Write M or F in the appropriate block.
- 11) **Identity Number:** 13 digits ID 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. NB!** The Department will not take responsibility of wrongly registered Learning Areas if they are wrongly ticked on the form
- 19) **Application must be signed:** A signature means that all information provided 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 thoroughly check accuracy of all information given on this registration form before submitting it to the District office. They must make sure that they 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 B** analysis of candidates numbers per learning area) and submit it to the District office by the 21 August 2020. Districts are expected to submit the statistics verification forms to the Provincial office on or before 04 September 2020.

  
 \_\_\_\_\_  
**MR R. TYWAKADI**  
**DEPUTY DIRECTOR GENERAL: CMD**



# ANNEXURE A

ASSESSMENT INSTRUCTION 23 OF 2020



Province of the  
**EASTERN CAPE**  
EDUCATION

**Attach  
ID foto**

**AET LEVEL 4: EXTERNAL ASSESSMENT**  
Entry Form For **October / November 2020** Examinations  
CLOSING DATE 14 August 2020 (At District Office)

*[NB! THIS FORM SHOULD BE COMPLETED IN DUPLICATE AND A COPY OF AN ID DOCUMENT SHOULD BE ATTACHED ]*

**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

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  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



## 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 & AGRICULTURAL 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 SOCIAL SCIENCE 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 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

# ANNEXURE B

ASSESSMENT INSTRUCTION 23 OF 2020



Province of the  
**EASTERN CAPE**  
EDUCATION

ANALYSIS OF CANDIDATES' NUMBERS PER LEARNING AREA IN AET L4

CENTRE NAME: \_\_\_\_\_ CMC NAME: \_\_\_\_\_

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

| LEARNING AREA DESCRIPTION                        | NUMBER OF LEARNERS DOING THE LEARNING AREA IN: |           |
|--|--|-----------|
|  | ENGLISH  | AFRIKAANS |
| APPLIED AGRICULTURE & AGRICULTURAL TECHNOLOGY L4 |  |           |
| ANCILLARY HEALTH CARE L4                         |  |           |
| ARTS AND CULTURE L4                              |  |           |
| ECONOMIC AND MANAGEMENT SCIENCE L4               |  |           |
| EARLY CHILDHOOD DEVELOPMENT L4                   |  |           |
| HUMAN SOCIAL SCIENCE 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                          |  |           |

