



Province of the  
**EASTERN CAPE**  
DEPARTMENT OF EDUCATION

---

Assessment and Examinations Directorate \* P. O Box 4571 King William's Town \* 5600 \*  
REPUBLIC OF SOUTH AFRICA \* REFERENCE: 13/P  
Enquiries: Mrs. P. M. Edley Tel: +27 (0)43 604 7708 \* Fax 0866330345  
Website: [ecprov.gov.za](http://ecprov.gov.za) \* Email: [pat.meyer@edu.ecprov.gov.za](mailto:pat.meyer@edu.ecprov.gov.za)

### ASSESSMENT INSTRUCTION 30 of 2009

**TO:** DEPUTY DIRECTORS-GENERAL  
CHIEF DIRECTORS  
HEAD OFFICE DIRECTORS AND DISTRICT DIRECTORS  
CHIEF EDUCATION SPECIALISTS  
EDUCATION DEVELOPMENT OFFICERS  
DEPUTY CHIEF / SENIOR EDUCATION SPECIALISTS  
PRINCIPALS ABET CENTRES  
TEACHER UNIONS / ORGANISATIONS

**DATE:** 25 MAY 2009

<p style="text-align: center;"><b>REGISTRATION OF CANDIDATES 2009 ABET OCTOBER EXAMINATIONS</b></p>
---------------------------------------------------------------------------------------------------------

The registration forms for candidates entering the 2009 ABET examination in October are attached.

The closing date for entry forms at District Offices is **Friday 19 June 2009. No late entries can be accepted.** Districts to submit entries to the Provincial Office by no later than Friday 26 June 2009.

**Kindly note the following when completing the official Registration Form:  
ECDE/EXAMS/ABET L4 (1)**

1. **Sequence number** (Sequence in the school/centre).
2. **Exam Centre Name:** Ensure the correct Exam Centre name (Name of ABET centre) appears on each entry.
3. **Exam Centre No:** Ensure the correct Exam Centre No. appears on each entry. If number is not available, leave blank.
4. **Medium in which you wish to write:** Enter A (Afrikaans) or E (English). 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:** Statement of Results: Write the correct code in the appropriate block. Statement of Results will be in English and the selected language.
7. **Immigrant** – Put a 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. **Disabled** – Write the correct code in the appropriate block . Application must be made on behalf of a learner with special education needs for a concession allowing alternative examining procedure(s) during the ABET L4 examination.
9. **Race:** Write the correct code in the appropriate block
10. **Date of Birth:** e.g. 19880319 = 19 March 1988
11. **Gender:** Write M or F in the appropriate block
12. **Identity number:** If the candidate does not have an ID book yet, the registration number on the birth certificate must be entered. However, picture identification is required during the examination.
13. **Surname** – As in ID book or on birth registration certificate.
14. **First Name(s)**
15. **Special Character in name:** Encircle Yes or No. If yes write the letter with the character in the block, e.g. é
16. **Postal Address**
17. **Telephone code**
18. **Telephone number** – where the candidate can be reached if necessary.
19. **Mark the learning areas in appropriate blocks**
20. **Applicant must sign:** A signature means that all information in the form is correct and true.
21. **Centre Manager's/Principal's name** – The one who is going to sign on behalf of the centre.
22. **Centre Manager's/Principal's Signature:** A signature means that all the information is correct and true.

ABET Principals are reminded that the candidates entered for this examination are candidates for whom moderated CASS marks must be submitted. The ABET moderation dates are as follows:

<b>LEVEL</b>	<b>DATE</b>
DISTRICT MODERATION	11 – 21 AUGUST 2009
PROVINCIAL MODERATION	08 – 10 SEPTEMBER 2009

Kindly enter only those candidates who have offered CASS in 2009 and have been prepared sufficiently to write the examination. This avoids fruitless expenditure on both printing and distribution costs and the appointment of surplus markers.

---

**S.P. GOVENDER**  
**CHIEF DIRECTOR: CURRICULUM MANAG**



AIDS KILLS



Province of the Eastern Cape  
Department of Education

ABET LEVEL 4 : EXTERNAL ASSESSMENT

Entry Form For **OCTOBER** Examinations

CLOSING DATE **19 JUNE 2009** (At District office)

**A ALL CANDIDATES**

1. Sequence Number :

2. Name of centre where you wish to write (Where you studied during 2009)

3. 2009  
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

7. Immigrant

Y=Yes N=No

6. Certificate Language

8. Disabled

R=Deaf  
S=Blind  
O=Other

9. Race

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

**B PERSONAL INFORMATION – COMPLETE IN BLOCK LETTERS**

10. Date of  
Birth

Y	Y	Y	Y	M	M	D	D

11. Gender

M=Male  
F=Female

12. Identity  
No.

13. Surname

14 First  
name(s)

15. Special Character in a  
name

Y=Yes N=No

16. Postal  
Address

Postal Code

17. Tel. Code

18. Number

**C. SUBJECT CHOICES**

**19. MARK WITH AN "X" IN THE APPROPRIATE BLOCK (LEARNING AREA AND CODE)**

LEVEL 4	SUBJECT CODES	SUBJECT DESCRIPTION
<input type="checkbox"/>	LCAF	AFRIKAANS
<input type="checkbox"/>	LCEN	ENGLISH
<input type="checkbox"/>	LCSO	SESOTHO
<input type="checkbox"/>	LCZU	ISIZULU
<input type="checkbox"/>	LCXH	ISIXHOSA
<input type="checkbox"/>	LCXI	XITSONGA
<input type="checkbox"/>	AAAT	APPLIED AGRIC. AND AGRIC. TECHNOLOGY.
<input type="checkbox"/>	ANHC	ANCILLIARY HEALTH
<input type="checkbox"/>	ARTC	ARTS AND CULTURE
<input type="checkbox"/>	EMSC	ECONOMIC AND MANAGEMENT SCIENCES
<input type="checkbox"/>	HSCC	HUMAN AND SOCIAL SCIENCES
<input type="checkbox"/>	LIFO	LIFE ORIENTATION
<input type="checkbox"/>	ML	MATHS LITERACY
<input type="checkbox"/>	MS	MATHS AND MATHS SCIENCE
<input type="checkbox"/>	NATS	NATURAL SCIENCES
<input type="checkbox"/>	SMME	SMALL, MEDIUM AND MICRO ENTERPRISES
<input type="checkbox"/>	TECH	TECHNOLOGY
<input type="checkbox"/>	TRVT	TRAVEL AND TOURISM

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

\_\_\_\_\_ 20. Signature of Applicant \_\_\_\_\_ Date

\_\_\_\_\_ 21. Centre Managers Name \_\_\_\_\_ Date

\_\_\_\_\_ 22. Centre Managers Signature

