



### ASSESSMENT & EXAMINATIONS

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### ASSESSMENT INSTRUCTION 26 of 2012

**TO: DEPUTY DIRECTORS-GENERAL  
CHIEF DIRECTORS  
HEAD OFFICE DIRECTORS AND DISTRICT DIRECTORS  
CHIEF EDUCATION SPECIALISTS  
EDUCATION DEVELOPMENT OFFICERS  
DEPUTY CHIEF / SENIOR EDUCATION SPECIALISTS  
ABET CO-ORDINATORS  
CENTRE MANAGERS OF ALL ABET CENTRES  
TEACHER UNIONS / ORGANISATIONS**

**DATE: 22 MARCH 2012**

**2012 REGISTRATION OF CANDIDATES  
ABET L4 NOVEMBER EXAMINATIONS**

The registration form for candidates entering the 2012 ABET L4 examination in November 2012 is attached as ANNEXURE A

The closing date for entry forms at District Offices is **Friday 13 April 2012** and **No late entries will be accepted.**

Kindly note the following when completing the official Registration Form:

#### **ECDE/EXAMS/ABET L4 (1)**

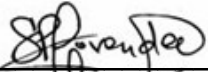
1. **Sequence number** (Sequence in the school/centre).
2. **Exam Centre Name:** Ensure the correct Exam Centre name (Name of school) appears on each entry.

3. **Exam Centre No:** Ensure the correct Exam No. appears on each entry. If number is not available, leave blank.
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:** 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:** The candidate must have an ID book.
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.
23. The **quality assured registration forms** from the district offices shall be submitted **to the Head Office no later than 23 April 2012.**

ABET L4 Centre Managers are to ensure that all learners are registered on time. The Department will not allow unregistered learners to write examinations at the end of the year.



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



## ABET LEVEL 4 EXTERNAL ASSESSMENTS

### 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"/>	TRVT	TRAVEL AND TOURISM
<input type="checkbox"/>	ANHC	ANCILLARY HEALTH CARE
<input type="checkbox"/>	MS	MATHS AND MATHS SCIENCE
<input type="checkbox"/>	ML	MATHS LITERACY
<input type="checkbox"/>	NATS	NATURAL SCIENCES
<input type="checkbox"/>	TECH	TECHNOLOGY
<input type="checkbox"/>	HSCC	HUMAN AND SOCIAL SCIENCES
<input type="checkbox"/>	EMSC	ECONOMIC AND MANAGEMENT SCIENCES
<input type="checkbox"/>	ARTC	ARTS AND CULTURE
<input type="checkbox"/>	LIFO	LIFE ORIENTATION
<input type="checkbox"/>	SMME	SMALL, MEDIUM AND MICRO ENTERPRISES
<input type="checkbox"/>	AAAT	APPLIED AGRIC. AND AGRIC. TECHNOLOGY.
<input type="checkbox"/>	ICT	INFORMATION COMMUNICATION TECHNOLOGY
<input type="checkbox"/>	ECD	EARLY CHILDHOOD DEVELOPMENT
<input type="checkbox"/>	WAR	WHOLESALE AND RETAIL

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

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

\_\_\_\_\_  
21. Centre Manager's Surname and Name \_\_\_\_\_  
Contact Number

\_\_\_\_\_  
22. Centre Manager's Signature \_\_\_\_\_  
Date

Centre Stamp