



Province of the  
**EASTERN CAPE**  
EDUCATION

**ASSESSMENT & EXAMINATIONS**

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**ASSESSMENT INSTRUCTION 28 of 2011**

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

**DATE: 15 APRIL 2011**

**REGISTRATION OF CANDIDATES FOR  
ABET LEVEL 4 OCTOBER 2011 EXAMINATIONS**

The registration form for candidates entering for the 2011 ABET L4 examination in October 2011 is attached.

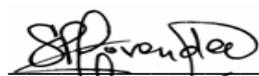
The closing date for entry forms at District Offices is **Friday 13 May 2011. No late entries will be accepted.**

**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. 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. **Applicant must sign:** A signature means that all information in the form is correct and true.
20. **Centre Manager's/Principal's name** – The one who is going to sign on behalf of the centre.
21. **Centre Manager's/Principal's Signature:** A signature means that all the information is correct and true.

The co-operation of Principals: ABET Centres is expected in the interest of a zero defect examination.



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



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

_____	_____
19. Signature of Applicant	Date
_____	_____
20. Centre Managers Signature	Date

