

Services Sector Education & Training Authority (Services SETA)  
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## QUALIFICATION DETAILS

### LEARNER DETAILS:

Surname: .....

Name/s: .....

Home Language: .....

Educational Qualification: .....

Name of High School: .....

Name of TVET College/ University (if applicable): .....

Last year of school(High School): .....

### MEDICAL INFORMATION:

Please indicate by means of a cross in the appropriate space, as to whether or not you suffer from any medical disorder in the following: seeing, hearing, walking, remembering, communicating, self-care, etc.

YES

NO

If YES, please state the nature;

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Signature

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Date