



Shekinah Home Care

Reg.no.2006/107959/23
1045 Henri Road, Eldoraigne,0157
Cell. 084 766 4657

REGISTRATION FORM OCCUPATIONAL CERTIFICATE: HOME BASED CARE NQF LEVEL 2 – 68 CREDITS SAQA ID No 104779

YOU WILL NEED THE FOLLOWING TO REGISTER:

- Certified Copy of your last grade passed
- Certified Copy of your ID / Passport with permit / Asylum
- 2 X ID size photos
- Proof of payment of Registration fee R4000

WHAT ARE THE ENTRY REQUIREMENTS?

- Grade 10
- English communication Abet level 3

1. PERSONAL DETAILS

1.1 Full Christian Names:

1.2 Name by which you are known:

1.3 Surname: _____ Sex: _____

1.4 Tel. no.: _____ Cell no.: _____

1.5 Email Address: _____

1.6 Street address:

_____ Postal Code: _____

1.7 Postal address:

1.8 ID Number: _____ Date of birth _____

1.9 Age: _____ Religion: _____

2. PARTICULARS OF HUSBAND/WIFE OR NEXT OF KIN

2.1 Surname and full name: _____

2.2 Relationship: _____

2.3 Tel no. (home): _____

3. CITIZENSHIP

3.1 Are you a South African Citizen? _____

3.2 Nationality: _____

3.3 Passport no.: _____

3.4 Work permit expiry date: _____

4. COURSE FEES 2025

PROGRAMME	DURATION	REG. FEE	MONTHLY	TOTAL
Community Health Care – Home Based Care NQF Level 2	24 Weeks	R4000	R885 for 6 months	R9300

Included:

Life skills

English & Numeracy test

Extra cost:

Uniforms: X2 Tops and X2 Pants + Name Badge – R1000

Extra English classes X1 per week – R230 p/m

Criminal Check R300

BANKING DETAILS

Account Holder: Shekinah Home Care

Bank: Absa

Account Number: 4065607782

Reference: Name and Surname

Name and Surname: _____

Cel. No.: _____

Signature: _____ **Date:** _____