

ACREDITATION NUMBER: ETDP 10538

MOTHEO TRAINING INSTITUTE TRUST

APPLICATION FORM

PERSONAL DETAILS

Learner last name: _____ Title: Mr/Mrs/Ms _____

Learner first name: _____ Middle name: _____

Date of birth: _____ Registration number: _____

ID number: _____ Citizenship: _____

Home language: _____

Do you have a special need or disability? (Yes/No) _____ Specify: _____

If so, what support would you require? _____

Home address: _____

_____ Code: _____

Postal address: _____

_____ Code: _____

Home telephone number: _____ Cell: _____

Languages: List the languages you can understand and indicate how well you can speak, read and/or write each language using the following scale:

Excellent: 5

Good: 4

Fair: 3

Poor: 1&2

| Languages | Speak | Read | Write |
|-----------|-------|------|-------|
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What training have you done in ECD? Give names, length and date.



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| Name of course (including level if appropriate) | Organization where the course was attended | Length of course and year completed | Methods of assessment(tick all that apply) | | | | |
|--|--|-------------------------------------|--|--------------|----------------|-------------|---------------|
| | | | None: only attendance | Written test | Practical test | Observation | Other specify |
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N.B. Attach certified copies of your certificates to your application and/or a list of all the course contents

FORMAL EDUCATION AND TRAINING

Schooling:

What is the highest standard/grade? _____ Year: _____

OR

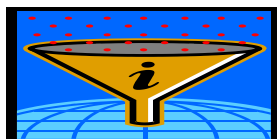
Level of Adult Basic and Training (ABET) _____ Year: _____

Fundamental learning:

What is the highest standard/grade passed in your first language? _____

What is the highest standard/grade passed in mathematics? _____

NB. Please attaché certified copies of certificates or test results to verify the above information (or an affidavit in the event that your certificate is lost and duplicates are no longer issued).



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OTHER RELEVANT TRAINING:

What other training have you done that is relevant to ECD, e.g. in health, management or social/community work, counselling, psychology and teaching or adult education?

Gives names of courses, length and date

| Name of course or qualification | Certificate | Training provider | Length of course | Date(s) |
|---------------------------------|-------------|-------------------|------------------|---------|
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Please list each course/module separately. Tick under certificate if you received a formal certificate, certificate of attendance or certificate of competency. **NB, Attach certified copies of your certificates to your application and/or list of the course content.**

Please describe below how the knowledge and skill development through the above courses and work experience can help you become a competent ECD Practitioner.



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WORKPLACE CONTEXT

Name of ECD facility/site where you work: _____

Physical address of ECD facility/site: _____
 _____ Code: _____

ECD site/facility telephone number: _____ Cell: _____

Who is the chairperson of the committee? _____

Telephone of the chairperson _____ Cell: _____

What is your position or role? Assistant _____ Teacher _____ Supervisor _____

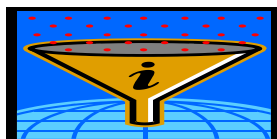
Other (describe): _____

How long have you worked in this position? _____ How long have you worked in the ECD Facility/site _____?

Write down the places where have worked. Give the date when you started and stopped working at each place. State what your job was. **(Only ECD related jobs)**

| ECD facilities/sites where you have worked | Dates | Job title |
|--|-------|-----------|
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Describe personal experience that has been helpful in your ECD work:



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Describe the ECD facility/site in which you work:

How many children attend the facility/site? _____

How old are children? _____

What kind of ECD services is it? (E.g. all day, half a day, home based, etcetera) _____

How many children do you work with? _____ how old are they? _____

Do you work in a separate class or with other practitioners? _____

How many practitioners are there altogether? _____

Is there sufficient equipment and learning resources available? _____

Are equipment and learning resources in good condition? _____

What problem are there those makes it difficult to do your work well?

RPL AND TRAINING NEEDS

What are your training needs? Please indicate them:

Applicant's signature: _____ **Date:** _____

Application received by: _____ **Date:** _____

Application approved by: _____ **Date:** _____



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