

 <b>UXi</b> ARTISAN DEVELOPMENT	<b>UXi Artisan Development Quality Management System</b>	DOC NO	LRE-007
		Page	Page 1
		Revision No	01
		Revision Date	01-01-2025

**LEARNER PROFILE**  
**(MUST INCLUDE COLOUR ID COPY)**


Please indicate relevant Option with X

<b>Programme:</b>	
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<b>Surname:</b>												
<b>First Names:</b>												
<b>ID Number:</b>												
<b>Date of Birth:</b>	Y	Y	M	M	D	D						
<b>Gender:</b>	Male <input type="checkbox"/>						Female <input type="checkbox"/>					
<b>Title (Ms, Mrs, Mr):</b>												
<b>Contact Number 1:</b>												
<b>Contact Number 2:</b>												
<b>Email Address:</b>												
<b>Physical Address:</b>												
<b>Postal Address:</b>												
<b>Medical Conditions:</b> (Allergies, Epilepsy, High/Low Blood Pressure, Color Blindness, Claustrophobia, Vertigo, Cholesterol, etc.)												
<b>If yes, state the nature:</b>												
<b>Disability:</b>												
<b>If yes, state the nature:</b>												
<b>Year's Work Experience:</b>												

<b>Work Status:</b>	Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>
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<b>First Language:</b>	English <input type="checkbox"/>	Xhosa <input type="checkbox"/>	Afrikaans <input type="checkbox"/>	Zulu <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Second Language:</b>	English <input type="checkbox"/>	Xhosa <input type="checkbox"/>	Afrikaans <input type="checkbox"/>	Zulu <input type="checkbox"/>	Other <input type="checkbox"/>

 <b>UXi</b> ARTISAN DEVELOPMENT	<b>UXi Artisan Development Quality Management System</b>	DOC NO	LRE-007
		Page	Page 2
		Revision No	01
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<b>Highest Grade Passed at School:</b>	Grade 9 <input type="checkbox"/>	Grade 10 <input type="checkbox"/>	Grade 11 <input type="checkbox"/>	Grade 12 <input type="checkbox"/>
<b>Specify Tertiary or Other Qualification:</b>				
<b>Specify Subjects Completed:</b>				
<b>Last School Attended:</b>				

English	Poor	Good	Excellent
<b>Speak</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Read</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Write / Comprehend</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Marital Status:</b>	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	
<b>Number of Dependents:</b>				
<b>Race:</b>	Black <input type="checkbox"/>	White <input type="checkbox"/>	Colored <input type="checkbox"/>	Asian <input type="checkbox"/>

<b>Next of Kin Name and Surname:</b>	
<b>Contact Number:</b>	

<b>Responsible for account payment:</b>	Choose an item.
<b>Name of Employer</b>	Click or tap here to enter text.
<b>VAT number:</b>	Click or tap here to enter text.
<b>Contact Number:</b>	

<b>Signature:</b>		<b>Date:</b>	Click or tap to enter a date.
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