**APPLICATION FORM TO REGISTER ON A PANEL OF CETA SUBJECT MATTER EXPERT’S DATABASE**

**NB:** Implementation of occupational qualifications is supported by Subject Matter Experts (Facilitators, Assessors, Moderators, and workplace Mentors) in collaboration with the Skills Development Providers. Subject Matter Experts must ensure that they meet the requirements of each occupational qualification they are involved with. Prospective SMEs must consult the curriculum document of each occupational qualification they wish to be involved with/registered against before applying for the registration on the database. Subject Matter Experts are encouraged to apply for registration by sending an e-mail to:  [SMEregistrations@ceta.co.za](mailto:SMEregistrations@ceta.co.za)

**1: General information (ATTACH CV, COMPANY PROFILE AND PROOF OF COMPANY REGISTRATION)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1.1 | Company/Individual Name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.2 | Registered name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.3 | Trade Name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.4 | Company Registration No. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.5 | SETA Accreditation, if any (**specify**) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.6 | Postal Address: | | | | | | | | | | | | | | | | | 1.7 Physical Address: | | | | | | | | | | | |
|  | | | | | | | | | | | |
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|
| Area code | | | | | |  | |  | | |  | |  | | | | Area code | | | | | | | |  |  |  |  |
| 1.8 | Phone number | | | Area code | | | | | | | | | | | | |  | |  | |  | |  | 1.9 E-mail address | | | | | |
|  |  | | | Tel. No | | |  |  | | |  | |  | |  |  | |  | |  | |  |  |  | | | | | |
| 1.10 | Contact person 1 | | | | | | | | | First name | | | | | | | | | | | | | | | Surname | | | | |
| Cell number: |  |  | |  |  |  |  | | |  | |  | |  |  | | E-mail: | | | | | | | | | | | |
| 1.11 | Contact person 2 | | | | | | | | | First name | | | | | | | | | | | | | | | Surname | | | | |
| Cell number: |  |  | |  |  |  |  | | |  | |  | |  |  | | E-mail: | | | | | | | | | | | |
| 1.12 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature Date** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**2: OCCUPATIONAL QUALIFICATION IINFORMATION**

**List The Occupational Qualification(s) You Intend Registering Against**:

|  |  |  |
| --- | --- | --- |
| **Occupational Qualification ID** | **Occupational Qualification Title** | **OQSF Level** |
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**NB: ATTACH CV, COMPANY PROFILE AND PROOF OF COMPANY REGISTRATION**

For more information, kindly contact:

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