



## higher education & training

Department:  
Higher Education and Training  
REPUBLIC OF SOUTH AFRICA

### APPLICATION FOR ARTISAN RECOGNITION OF PRIOR LEARNING

(This form should be completed in block letters)

In terms of Section 26 D of the Skills Development Act

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Trade Test Centre: \_\_\_\_\_

Race and Gender

African	Female		Male	
Indian	Female		Male	
Coloured	Female		Male	
White	Female		Male	

Nationality: \_\_\_\_\_

Province: \_\_\_\_\_

Municipality: \_\_\_\_\_

Identity/passport number:

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Date of Birth: \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (employer): \_\_\_\_\_

Cell Phone number: \_\_\_\_\_

E- mail address; \_\_\_\_\_

Name and address of current employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Occupation: \_\_\_\_\_

OFO Code: \_\_\_\_\_

ARPL applying for (trade title): \_\_\_\_\_

Specialisation: \_\_\_\_\_

Have you attempted a trade test previously if yes supply date and Centre name

Centre Name: \_\_\_\_\_ Date: \_\_\_\_\_

Yes		No
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Years of Relevant Work Experience: (minimum 3 years) \_\_\_\_\_

Details of Experience:

Attach appendix of outlining the scope of workplace: Evidence in the form of testimonials, certificates of the Skills development provider detailing technical training completed certificates of service by employers or other persons of standing substantiating the training and experience referred to above must accompany the application.

Name and address of workplace	From	To	Detail of practical tasks
(a)			
(b)			
(c)			
(d)			
(e)			

Details of training – (Knowledge and Skills training.) *Attach certified copies*

Original documentation must be provided with the application and the candidate must provide the centre with copies certified by a Commissioner of Oaths.

Name of Skills development provider.	From	To	Course
(a)			
(b)			
(c)			
(d)			

**Note:** Training and experience: (Give full details and exact dates)

Are you currently bound by a learner agreement? Yes ☐ No ☐

Learner Agreement: No \_\_\_\_\_

Relevant SETA: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use**

☐ Recommended for Registration      YES      NO

ARPL Reference Number:

(NOTE: REFERENCE NUMBER TO BE USED IS APPLICANTS ID NO)

Registration date:

Trade test Centre:

Accreditation

Receipt no:

NOT APPLICABLE AT THIS STAGE - 0 COST

Comments:

.....  
.....

**Delegated Person**

Name:.....

Signature: .....

**Additional Information (Compulsory)**

The purpose of this document is to make the artisan recognition of prior learning staff member aware of any medical condition in order to ensure the safety of the applicant.

**MEDICAL INFORMATION**

Please indicate by means of a cross in the appropriate space, as to whether or not you suffer from any medical disorder or allergy, e.g. high / low blood pressure, epilepsy, etc.

YES

NO

**If YES, please state the nature;**

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Pease indicate if you have any disability

YES

NO

**If YES please state the nature:**

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