



**LEADERSHIP
ACADEMY**

for Guardians of Governance

Registration No: 2013/079823/07

Vat No: 4280271927

Training Coordinator: Setsoali Ngema 011 609 1761 Ext (219)

Email: setsoali@governanceacademy.co.za

Finance Admin: Dalila Castanho 011 609 1761 Ext (217)

Email: dalila@governanceacademy.co.za

Address: Hanover Square, Block B. Number 71 on 7th Avenue
Edenvale. 1609

LEARNER REGISTRATION APPLICATION FORM

PERSONAL INFORMATION:

First Names:		Surname:	
Title:	Gender: Male/Female	Date of Birth:	
*SA Identity No/Passport No: <i>(Proof must accompany application)</i>		Nationality:	
Citizen Residential Status:		Home Language:	
Race:	African	Coloured	Indian
	Asian	White	Other <i>(please specify)</i> :
Learner Residential Address:			Postal Code:
Residential Telephone Number:		Cellphone Number:	
Learner Email Address: <i>(preferred email address, used for invitations to the training modules and results)</i>			
Do You Have A Disability, As Contemplated In The Employment Equity Act 55 Of 1998? <i>The employment Equity Act defines a disability as a long term or recurring physical impairment, which substantially limits prospects of entry into, or advancement in employment.</i>		No:	Yes Please Specify:

LEARNERSHIP APPLICATION INFORMATION:

Applying for:	IAT	GIA (PIA)	<i>(If you applying for PIA, you must have completed the IAT Learnership or be in a possession of the designation via the RPL process)</i>
Have you been previously employed Before Joining the Learnership Program?		Yes	No

Special Dietary Requirements, please specify:
(Note: Extra cost to be levied to person responsible for paying account)

PROFESSIONAL INFORMATION:

*IIASA Membership Number: <i>(Proof must accompany application)</i>	Membership Status: <i>(Check the IIASA website Member Search or Login to IIASA)</i>
*Qualification: <i>(Proof must accompany application)</i>	
Organisation Name:	Position:
Company Billing Address:	
Postal Code:	
Company VAT Number:	Employer Telephone Number:
Group Liaison Name and Email Address: <i>(used for sending the invoices and statements)</i>	

*I certify that the information supplied is complete and accurate. If registered, I undertake to abide by the **Code of Ethics**, the **Standards for the Professional Practice of Internal Auditing**, and any terms set by the Academy for the Learnership program. I undertake to advise of any changes to my details and to fulfil all obligations arising from participation in the Learnership training program and agree to remain a Member of the IIASA for the duration of the program. *** I have provided the Compulsory Documents - Proof of IIASA Membership, Copy of Identity Document and Qualification.***

Signature:	*Documents Attached:	Proof of IIASA Membership	Copy of ID	Qualification
Print Name:		Date:		

FOR OFFICE USE:

Program Assigned To:	Approved by:
----------------------	--------------