

LEARNER REGISTRATION FORM FOR EISA (External Integrated Summative Assessment)

PERSONAL DETAILS										
SURNAME:										
FULL NAMES:										
ID NUMBER: or										
PASSPORT NUMBER:										
EMAIL:										
CONTACT TEL/MOBILE:										
SA CITIZEN (Yes/No):										
IF NO, COUNTRY OF										
AGE AS AT 31 DECEMBER:										
SPECIAL ASSESSMENT NEEDS: (accompanied by a medical certificate/letter, if required)										
RACE:	BLACK:		WHITE:		COLOURED:		ASIAN:		OTHER:	
GENDER:	MALE:				FEMALE:					
HOME LANGUAGE:										
PHYSICAL ADDRESS:										
ENTRANCE TO EXTERNAL INTEGRATED SUMMATIVE ASSESSMENT										
If sponsored, Name and Address of Company:										
Name of SDP (Skills Development Provider):										
Address of SDP (Skills Development Provider):										
Statement of Results attached (either from SDP or RPL)	Yes:				No:					
Competence in:	Knowledge:		Practical:			Workplace:				
DETAILS OF EXTERNAL INTEGRATED SUMMATIVE ASSESSMENT										
Title of Qualification:	Occupational Certificate: Organisational Risk Practitioner									
SAQA ID:	94222									
Date of EISA:	20 November 2024									
Time of EISA:	09:00am or 13:00pm									
Name of Assessment Centre:	The Institute of Risk Management South Africa									

Address of Assessment Centre:	Lower ground, Block A Grayston Ridge Office Park 144 Katherine Street, Sandton, 2196
Accreditation Number of Assessment Centre:	QCTO/OQAC/17/00045

LEARNER SIGNATURE

DATE