



NCF-ELDA'S AND CAPS IN-HOUSE ASSESSMENT SHORT COURSES

- ★ A great teacher establishes clear objectives for each lesson and works to meet those specific objectives.
- ★ A great teacher has thorough knowledge of the National School's Curriculum (CAPS) and NCF-ELDA's and ensures that their students meet those standards.
- ★ A great teacher has good classroom management skills, and can ensure good learner behaviour in the classroom.
- ★ A great teacher teaches effectively, using a variety of methods, teaching strategies and a variety of 3-Dimensional resources (Real objects) as well as 2-Dimensional real objects and 2-D pictures.

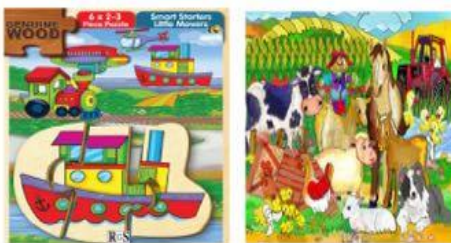
And to have thorough knowledge of the National School's Curriculum(CAPS), as well as the SA NCF ELDA's and the ability to set-up a pre-school environment in Lesson Planning, Preparation of resources and activities, Implementation, Continuous assessment, Review and Feedback-to have Valid, Authentic, Current, Sufficient evidence helping new teachers to bridge theory and practice and create high-quality learning environments in their classrooms.



Unique ELDAS & CAPS Training

Learn the benefits of **Puzzles** for children and their development in ECD

Age 2 to 3



Age 3 to 4



Age 4 to 5



Age 5 to 6 (Grade R)





IN-HOUSE NCF-ELDAS/CAPS PUZZLE TRAINING			
The R 500 Registration fee must be paid in advance in order to prepare the Resource activity pack - THE REMAINING BALANCE OF R 450 MUST BE PAID BEFORE THE CLASS.			
Please submit the Application/Registration form in order to receive a student number for payment.			
1) Workshop Day - 05 JUN 2018 - NCF-ELDA's/CAPS - Puzzle Training			
NCF-ELDA'S (Please tick the relevant AGE box) AGE: 2 TO 3 - <input type="checkbox"/> 3 TO 4 - <input type="checkbox"/>	NCF-ELDA'S RESOURCE ACTIVITY PACK, OBSERVATION & TRAINING		
	Reg. Fee + COURSE FINAL	R 500 + R 450	<input style="width: 100%;" type="text"/>
	TICK THE RELEVANT AGE GROUP THAT YOU WOULD LIKE TO RECEIVE FOR ELDAS OR CAPS		
CAPS (Please tick the relevant box) AGE 4 TO 5 - <input type="checkbox"/> GRADE "R" - <input type="checkbox"/>	CAPS RESOURCE ACTIVITY PACK, ASSESSMENT & TRAINING		
	Reg. Fee + COURSE FINAL	R 500 + R 450	<input style="width: 100%;" type="text"/>
NQF LEVEL 4 -SAQA CREDITS 140	NQF LEVEL 5 -SAQA CREDITS - 120		<input style="width: 100%;" type="text"/>

Please note:

Contact sessions are compulsory.

I hereby agree that no refund of payments will be made after material has been received. Due to educational resources being part of the training pack and needs to be ordered a month in advance, a duly completed, signed debit order should be submitted after registration payment has been made.

Commencement Date _____

SIGNATURE OF STUDENT AS ACCEPTANCE OF KHULANI EMPOWERMENT ACADEMY'S TERMS AND CONDITIONS

Signature: _____	Date			/			/			
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QUALITY ASSURING ETQA: ETDP.SETA

Education, Training and Development Practices – Sector Education and Training Authority

QUALIFICATION Title NQF LEVEL 4 - NATIONAL ECD NQF LEVEL 5 - HIGHER CERTIFICATE	MIN CREDITS 140 120	ACCREDITED PROVIDER: WORLD WIDE EDUCATION PROVIDERS (PTY) LTD
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Accreditation Number ETDP-SETA 7344
PRIVATE COLLEGE
2010/FE07/050 provisionally registered



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DEBIT ORDER AUTHORIZATION FOR NCF-ELDA's/CAPS IN-HOUSE PUZZLE TRAINING

STUDENT INFORMATION

Surname & Full Names			
Identity Number		Date of Birth	Y Y Y Y M M D D
Address			
Student Number		Postal code	
Cell Phone Number		(For Office Use) ACC NO	

PERSONAL INFORMATION OF PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT

Surname & Initials / Company Name			
Identity Number		Date of Birth	Y Y Y Y M M D D
Postal Address		Postal code	
Telephone Number (Home)		Fax number	
Telephone Number (Office)		Fax number	
E-Mail Address			

BANKING DETAILS FOR NEW RECOVERY SYSTEM (*Please attach PROOF OF YOUR BANK DETAILS)

Name of Account Holder			
Name of Bank		Account Type	
Name of Branch		Branch code	
Account number		P/M Recovery Amount	R
Date of recovery	/ /	Once off Debit Order OR EFT on/or before the 1st June '18	
Starting date of recovery	/ /		

1. I/we, the CLIENT or the duly authorized representative of the client, herewith give authorization to the entity above herein referred to as the Administrator, KHULANI EMPOWERMENT ACADEMY and/or his agents, to recover via Electronic Debit order from the abovementioned account or any other account in the name of the CLIENT at the same or any other bank, any and all monies due by the CLIENT to the Administrator, as principal debtor or sponsor, to pay over all mentioned monies to the Administrator. This authorization is limited to any maximum amount and recover date set as above or within 7 (Seven) days thereafter.

2. I/Me herewith accept the following to be relevant hereto:

- 2.1. This authorization may only be cancelled with a 30 (Thirty) day written notice to KHULANI EMPOWERMENT ACADEMY at the physical address as indicated above.
- 2.2. I/Me, the CLIENT, jointly and/or individually, absolve the administrator, KHULANI EMPOWERMENT ACADEMY and/or his agents against any claim of any origin that may arise as a result of any electronic debits or transfers with this authorization, irrespective whether retracted or not.
- 2.3. In the instance where the relevant account does not have sufficient funds to cover debits, I/we are aware that a fee will be charged against the CLIENT'S account by the bank and by the Administrator for this unpaid transaction. I/we accept responsibility to ensure that there will be sufficient and available funds equivalent to the minimum amount as indicated above or as adjusted from time.
- 2.4. Any references to the entity mentioned above will include in references to any successor in title or in appointment.
- 2.5. This authorization is not an adjustment of a specific payment agreement of any account, it just serves as an agreement for the way of payment, partially or in full, and any account with the Administrator will only be credited when actual payment is received by the Administrator.
- 2.6. Should any dispute originate regarding the rights of the Administrator to recover any monies in terms of this agreement, the responsibility is on the CLIENT to instruct his / her bank to return any debits as unpaid.
- 2.7. I/We herewith give authorization to the Administrator to conduct a credit check on myself at the credit bureau.
- 2.8. I/We here with agree that although I/we have the authority to cancel this mandate, I/we will not cancel the agreement with the entity above. I/we also understand that I/we cannot demand back any amounts that were withdrawn from my/our account in accordance with this mandate if such amounts are owed to the Administrator.
- 2.9. I/We acknowledge that the parries herewith authorized to do withdrawals from my/our accounts, may not seed his / her rights to a third party without my/our written consent and that
- 2.10. I/we acknowledge that I/we will not in our obligation regarding this contract / mandate seed our rights to any third party without obtaining written

SIGNATURE OF CLIENT (Sign according to your bank specimen)

Signature 1.)	2.)	Date	/ /
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