

Course :
Starting date:
Fee:

Employer's Information

Name		Occupation	
Physical address			
Postal address			
Contact	Work		Home
	Cell		Fax
	E-mail		
Convenient time for us to call and discuss progress of learner			
Names of persons living in the house and children's ages (training telephone skills & meal planning when applicable)			

Learner's Information

It is imperative that the learner bring her ID document along on the 1st day for verification.

Name (as it should appear on certificate)							
Contact number (Cell preferred)							
SA Identity number or date of birth							
Home language				Highest education			
How long has she been working for you				Total domestic experience			
Ability to read & write		Excellent	Average	Fair	Poor	Illiterate	Unknown
Place of employment	House	Townhouse	Apartment	Working days per week			
Duties (please mark applicable)		General cleaning		Childminding	Cooking family meals		
		Washing	Ironing	Table setting	Entertainment cooking		
		Frail care	Gardening	Driving	Other		

Skills required & general comments

Please attach a list of specific areas of concern and we will attempt to deal with it in the programme (if it forms part of this specific programme and not one of the others we offer)