NLRD Version: Nov 2023

INSURANCE SETA NLRD UPLOAD: <u>QUALIFICATION</u>

Provider Name:	
Verification Date:	
Employer:	

Qualification Title	
Qualification SAQA ID	
INSETA Funded	Yes / No

	Learner Surname (Alphabetical)	Learner Name(s)	Learner ID	Fundamental Unit Standard			Core Unit Standard			Elective Unit Standard			Total Credits Achieved	Overall Learner Status
				US	C/NYC	Credits	US	C/NYC	Credits	US	C/NYC	Credits		C (Closure) T (Termination)
1														
	Credits achieved for Fundamental/Core/Electives													
2														
	Credits achieved for Fundamental/Core/Electives													

Note: By signing this document the Assessor(s) and Moderator(s) declare that the results captured per learner are correct.

Assessor (1) Name:	
INSETA Registration No.	
Signature:	
Date:	

Assessor (2) Name:	
INSETA Registration No.	
Signature:	

Moderator Name:	
INSETA Registration No.	
Signature:	
Date:	

INSETA Verifier:		
Verification Date:		
Verifier Name:		
Signature:		
ENDORSED		

	Learner Surname	Learner Name(s)	Learner ID	Fundamental Unit Standard			Core Unit Standard			Elective Unit Standard			Total Credits Achieved	Overall Learner Status
	(Alphabetical)			US	C/NYC	Credits	US	C/NYC	Credits	US	C/NYC	Credits		C (Closure) T (Termination)
Date:														