INSURANCE SETA NLRD UPLOAD: <u>SKILLS PROGRAMME</u>

PROVIDER NAME		SKILLS PROGRAMME TITLE	
VERIFICATION DATE		SKILLS PROGRAMME CODE	
QUALIFICATION ID		EMPLOYER	

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

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

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

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

Moderator Name:	
INSETA Registration No.	
Signature:	
Date:	

INSETA Verifier:		
Verification Date:		
Verifier Name:		
Signature:		
ENDORSED		NOT ENDORSED

QUALIFICATION STATUS Is Learner ready for Qualification Certificate?
Yes (Y) No (N)