ANNEXURE A

NO	TRAINING INSTITUTTION	YEAR OF REGISTRATION	STUDENT NAME	STUDENT SURNAME	STUDENT NUMBER	PROGRAMME	REGISTERED: YES / NO	SUBMITTED TO SANC	RECEIVED FROM SANC	SANC LEARNER NUMBER	INDEMNITY	HEPATITIS B		
												1ST	2ND	3RD
											Yes/No	Yes/No	Yes/No	Yes/No
1	WCCN	2024	Example	Example	1234566	R169	NO	22-Feb-24	Pending	Pending	Yes	Yes	Yes	Yes
2	WCCN	2022	Example	Example	1234567	R171	YES	22-Feb-24	2-Oct-24	1478526	Yes	Yes	Yes	Yes
3	WCCN	2024	Example	Example	1234568	R174	YES	3-Jan-24	6-Nov-24	1422222	Yes	Yes	Yes	Yes