



## Basic Education COVID-19 Lockdown Survey 2020

**NB:** This Survey is to assist DMV to understand the needs of Basic Education Learners

Basic Ref: BE – CONT\_\_\_\_\_

Province:

## PERSONAL DETAILS

First Names of Militar	y Vete	eran	(in i	full a	as p	er y	ou	r ID	doc	un	nent	s):						1	1	1	1	1	1			-		1	
Surname of Military V	Surname of Military Veteran (in full as per your ID documents):																												
						<i>,</i>	Ī																						
ID number of Military Veteran: Email Address:																													
ID number of Military	Vetera	an:					Т			ma	ul A	ddre	ess	s:		Т						T	Т						
									_		1 1																		
First Names Learner	(in full	as p	er y	/our	ID (	docı	um	ents	;):	_	-	-	1	-	1	1	1		1	-		-		-	-		-		-
Surnama Learner (in	full oo	nory		~ 10	doo		t	<u>_)</u> .																					
Surname Learner (in	iuli as	pery	/ou		000	ume	ent	s):							Т														
ID Number Learner:											С	ell N	lur	nbe	r c	of P	are	ent	/Gı	ıar	dia	n/I	Mili	tar	·y۱	/et	era	n:	
	Yes								No					If Yes Specify															
Disability																													
School Public / Private?																													
NEEDS ANALYSIS: MARK WITH AN X ON THE RELEVANT BLOCK																													
	Yes	es No					Remarks																						
									- Turker																				
Books required																													
	Yes			No				Re	mar	ks	1																		
Stationery required	Yes			No				Re	mar	ks																			
Stationery required	Yes			No				Re	mar	'ks																			
	Yes			No				Re	mar	'ks																			
Stationery required Other requirements	Yes			No				Re	mar	ks																			
	Yes			No				Re	mar	'ks																			

## NB: The completed document must be emailed to BasicEducation@dmv.gov.za www.dmv.gov.za Call centre: 080 232 3244