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 **Military Veteran** (in full as per your ID documents):

Surname of **Military Veteran** (in full as per your ID documents):

ID number of **Military Veteran:**   Email Address:

First Names **Learner** (in full as per your ID documents):

Surname **Learner** (in full as per your ID documents):

ID Number **Learner**:   Cell Number of **Parent/Guardian/Military Veteran**:

	Yes	No	If Yes Specify
Disability			

School Public / Private?	

NEEDS ANALYSIS: MARK WITH AN X ON THE RELEVANT BLOCK

	Yes	No	Remarks
Books required			

	Yes	No	Remarks
Stationery required			

Other requirements	
Comments:	

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