



## CAVERSHAM EDUCATION INSTITUTE (NPO)

171-992 NPO - PBO - 930056846 - Reg No. 2008/018926/08 - ETDP - 5896  
05-QCTO/SDP180625082516

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🌐 www.cavershaminstitute.co.za

## 2026 - 2028 INFORMATION FOR NATIONAL DIPLOMA

### EARLY CHILDHOOD DEVELOPMENT NQF LEVEL 5

*Inspiring & professionalising ECD teachers to live & leave a lasting legacy*

#### ABOUT CAVERSHAM INSTITUTE

- We are a vibrant Non-Profit organization with Public Benefit (Section 18A) status.
- We offer ETDP SETA accredited Early Childhood Development (ECD) Qualifications NQF Level 5 that are fully recognised for employment to teach in the birth to 4 year old sector
- We are also accredited with the QCTO to offer the Occupational Certificate : ECD Practitioner at level 4 that is fully recognised for employment to teach in the birth to 5 year old sector
- Honoured as “**A Face of Quality in South Africa**” in the 2018 national audit of ETDP SETA Providers.
- We have awarded 2 130 accredited ECD L5 qualifications since 2008.
- We are proud to have 6 contact training centres in KwaZulu-Natal & two in the Western Cape.
- We offer a both online & in-person training
- We are an accredited level 1 B-BBEE provider.

#### THE NATIONAL DIPLOMA IN ECD (QUALIFICATION 23118) @ NQF LEVEL 5 (240 CREDITS)

**Year 1** Comprises 17 compulsory modules for 82 credits specifically designed to equip teachers of young children, 2 – 6 years of age with the core knowledge and skills required to set up, plan, mediate, assess & evaluate an excellent ECD programme.

**Year 2** Comprises 17 compulsory modules for 47 credits that include the elective components to complete the requirements for the qualification. It provides in-depth specialized knowledge and skills to implement the SA National Curriculum Framework (NCF) for birth - four. It focuses on the professionalism of ECD teachers including writing a CV and interview skills.

**Year 3** Comprises 14 compulsory modules for 111 credits that extend the foundation laid in the Higher Certificate to include working with vulnerable children, their parents and the community; a strong academic literacy component that culminates in a mini-thesis; skills in team work (leadership, co-operative learning, group dynamics, dealing with and resolving conflict); collaboration with parents and community partners. This year has proven invaluable to students who manage or open their own ECD centres of excellence.

#### CAVERSHAM INSTITUTE IS COMMITTED TO

- Offering excellent, high quality training for ECD teachers that not only provides accredited ECD qualifications, but also enhances personal growth, self-esteem and self-confidence.
- Offering excellent, relevant training that is up to date with the latest ECD policy developments in South Africa.
- Presenting course material in creative and interesting ways, supported by informative notes, and assignments.
- Training part-time, on alternate Saturday mornings, to enable students to combine work and study.
- Providing support and guidance to complete assignments
- Submitting completed assignments to the ETDP SETA for accreditation and the recording of credits on the National Database.

## TO BE ACCEPTED TO STUDY FOR A CAVERSHAM ECD QUALIFICATION

### An applicant needs to:

- Have matric or Senior Certificate or an ECD Certificate at NQF level 4 or at least 5 years of teaching experience and qualify for matric exemption.
- Love young children
- Be teaching, volunteering or have access to a preschool to observe young children from birth to six and implement learning and assignments.
- Be dedicated to professional personal development & be resolute to implement the course content;
- Be prepared to attend 80% of workshop sessions;
- Be committed to complete all written assignments.
- Be competent in ECD teaching practice.

### CAVERSHAM INSTITUTE COSTS 2026

- A once off NON-REFUNDABLE registration and administration fee of R1800 payable on registration.
- R 18 000 **per year of study** – payable in 10 monthly installments of R1800 from February to November each year, or as a once off annual payment of R17 100 before end February.
- Fees cover lectures, notes, files, teas, assessment, certificates and awarding of credits

**YOU ARE REQUESTED TO MAKE ALL PAYMENTS ELECTRONICALLY EITHER BY EFT,  
DIRECT DEPOSIT AT THE BANK OR A STOP ORDER**

| BANKING DETAILS |                               |
|-----------------|-------------------------------|
| Bank            | Nedbank                       |
| Name of Account | Caversham Education Institute |
| Account Number  | 1380144078                    |
| Branch Code     | 138-026                       |

**JOIN CAVERSHAM EDUCATION INSTITUTE  
ESTABLISHED AND TRUSTED SINCE 2008 FOR DELIVERING QUALITY ECD TRAINING**

**REGISTER TODAY FOR AN ACCREDITED QUALIFICATION FOR TEACHING  
PRE-GRADE R!**



Complete the attached  
Registration Form and submit  
with **certified copies of ID**  
and **Senior Certificate** and  
**proof of registration fee**  
payment deposit to



WhatsApp to  
**060-5219027**  
or  
Email  
**admin@cavershaminstitute.co.za**



**FOR MORE INFORMATION**  
Contact Head Office  
**031-2062000**  
or  
**078-4220047**  
We will gladly assist!



For testimonials  
**[www.cavershameducation-  
institute.org.za](http://www.cavershameducation-institute.org.za)**



For Official Use only  
STUDENT NUMBER

CAVERSHAM EDUCATION INSTITUTE (NPO)

*Inspiring & professionalising ECD teachers to live & leave a lasting legacy*

## REGISTRATION FORM : NATIONAL DIPLOMA IN ECD 2026 – 2028

Send completed form, certified copies of your ID document, Matric Certificate, proof of payment and completed STUDENT AGREEMENT together to

[admin@cavershaminstitute.co.za](mailto:admin@cavershaminstitute.co.za) or Whatsapp: [060 521 9027](tel:0605219027)

### BANK DETAILS

**Bank:** Nedbank | **Name of Account:** Caversham Education Institute | **Account Number:** 1380144078  
**Branch Code:** 138026 | **Reference:** Your full name (e.g. Kate Smith)

### STUDENT DETAILS

Please attach CERTIFIED copies of your ID document and Matric Certificate

|                              |                  |                |             |                   |                 |      |     |               |               |               |  |
|------------------------------|------------------|----------------|-------------|-------------------|-----------------|------|-----|---------------|---------------|---------------|--|
| TITLE                        | Mr               | Mrs            | Miss        | Ms                | SURNAME         |      |     |               |               |               |  |
| FIRST NAMES                  |                  |                |             |                   |                 |      |     |               |               |               |  |
| NAME KNOWN BY                |                  |                |             |                   |                 |      |     |               |               |               |  |
| ID NUMBER                    |                  |                |             |                   |                 |      |     |               |               | DATE OF BIRTH |  |
| NATIONALITY                  |                  |                |             |                   |                 |      |     | HOME LANGUAGE |               |               |  |
| ETHNIC GROUP                 | Black            | Asian          | Coloured    | White             | DISABILITY      |      | Yes | No            |               |               |  |
| POSTAL ADDRESS               |                  |                |             |                   |                 |      |     |               |               |               |  |
|                              |                  |                |             |                   |                 |      |     |               |               | CODE          |  |
| RESIDENTIAL ADDRESS          |                  |                |             |                   |                 |      |     |               |               |               |  |
|                              |                  |                |             |                   |                 |      |     |               |               | CODE          |  |
| TELEPHONE:                   | HOME             |                |             |                   |                 | CELL |     |               |               |               |  |
| EMAIL ADDRESS                |                  |                |             |                   |                 |      |     |               |               |               |  |
| REGION WHERE YOU WILL STUDY  | Ballito          | CPT (North)    | CPT (South) | Durban (Musgrave) | Highway (Kloof) |      |     |               |               |               |  |
|                              | Pietermaritzburg | Port Shepstone | Zululand    | Other             |                 |      |     |               |               |               |  |
| NAME OF HIGH SCHOOL          |                  |                |             |                   |                 |      |     |               |               |               |  |
| HIGHEST LEVEL OF EDUCATION   |                  |                |             |                   |                 |      |     |               | YEAR OBTAINED |               |  |
| QUALIFICATION (if any)       |                  |                |             |                   |                 |      |     |               | YEAR OBTAINED |               |  |
| PREVIOUS TRAINING (if any)   |                  |                |             |                   |                 |      |     |               |               |               |  |
| TEACHING EXPERIENCE (if any) |                  |                |             |                   |                 |      |     |               |               |               |  |

### EMPLOYMENT DETAILS

|  |    |                |                |
|--|----|----------------|----------------|
| ARE YOU EMPLOYED?  | NO | YES, FULL TIME | YES, PART-TIME |
| WHERE ARE YOU EMPLOYED?  |    |                |                |
| POSITION   |    |                |                |
| SINCE WHEN? (MONTH & YEAR)   |    |                |                |
| PLEASE PROVIDE, BELOW, DETAILS OF ANY MEDICAL CONDITIONS OF WHICH WE SHOULD BE AWARE (e.g. allergies, diabetes, epilepsy): |    |                |                |
|  |    |                |                |

### WHERE DID YOU HEAR ABOUT CAVERSHAM INSTITUTE?

Social Media | Advertising | Friend | Open/Information Day

### SCHOOL WHERE YOU WILL BE OBSERVING OR ARE TEACHING – IF POSSIBLE

|                      |  |  |  |
|----------------------|--|--|--|
| NAME                 |  |  |  |
| PRINCIPAL/SUPERVISOR |  |  |  |
| TEL NUMBER           |  |  |  |
| EMAIL ADDRESS        |  |  |  |

### INFORMATION FOR ACCOUNT PURPOSES

|  |             |        |         |
|--|-------------|--------|---------|
| NAME OF PERSON RESPONSIBLE FOR PAYMENT |             |        |         |
| RELATIONSHIP TO STUDENT?               | Spouse      | Parent | Sponsor |
| TEL NUMBER                             | CELL NUMBER |        |         |
| EMAIL ADDRESS                          |             |        |         |

### ALTERNATIVE CONTACT DETAILS

|           |              |  |
|-----------|--------------|--|
| NAME      | RELATIONSHIP |  |
| TELEPHONE | TELEPHONE    |  |



CAVERSHAM EDUCATION INSTITUTE (NPO)

## NATIONAL DIPLOMA IN EARLY CHILDHOOD DEVELOPMENT 2026 - 2028

This Agreement forms part of your REGISTRATION submission and must be submitted with your Registration form and supporting documents.

Please sign as acceptance & acknowledgement of the terms & conditions below

I, ..... ID Number: .....  
(Copy attached)

### I understand and confirm that I

- Have a matric (Grade 12), an ECD certificate at NQF level 4 (certified copy attached) or have at least 5 years of teaching experience and qualify for matric exemption.
- Have access to a preschool class or small group of young children.
- Will attend all lectures, and where one is missed will make arrangements to "catch up".
- Acknowledge that an attendance of 80% of lectures (workshop sessions) is mandatory.
- Will complete all written assignments within the required time frame.
- Am responsible for the payment of R18 000 per year. A payment of R1 800 each month will be paid from February 2026 to November 2028.
- By the 31<sup>st</sup> of November each year the full annual fee of R18 000 will be paid.

### I also understand that

- Should I leave during the year, a month's written notice and a month's fee is required.
- Should my fees not be kept up-to-date Caversham has the right to:
  - Refuse me entry to workshops and withhold notes until payment is made
  - Refuse to mark assignments and do my workplace assessment
  - Not submit my portfolio of evidence to National ETDP SETA for verification
  - Withhold your certificate, if issued, until outstanding fees are paid
  - Pursue legal measures to recover outstanding fees

### I further understand that

- All materials are the property of Caversham Education Institute. **All rights to the materials are reserved and they may not be copied, reproduced or used** without written permission by the Director.
- Credits from this National Diploma in ECD are not recognised by universities
- This qualification is for teaching Pre Grade R and not for teaching Grade R in State Schools
- Final assessment for accreditation will only be conducted on the satisfactory completion of the above requirements and will take place in an ECD classroom. This assessment will measure my competence in implementing an effective ECD programme, according to Caversham principles.
- My Portfolio of Evidence will be stored by Caversham for a period of 5 years and thereafter, if not collected will be recycled. Copies of my work are my responsibility.
- Caversham Institute will comply with **POPI** regulations and will process all the information and/or personal data in respect of the training offered in accordance with the said regulation and only for the purpose of providing the Services set out in the agreement.

.....  
Student signature

.....  
Date

.....  
Person responsible for payment

.....  
Date

.....  
Witness

.....  
Date