



COURSE REGISTRATION

A. COMPANY DETAILS (Please enter PRIVATE if you are not a company)

Company Name:	
Responsible Contact Person: Name and Surname:	
Contact Person Email:	
Cell no:	
Company Address:	

B. COMPANY AUTHORISATION (Please enter PRIVATE if you are not a company)

Name & Surname:	
Email:	
Cell no:	
Position:	
Company Registration no:	
VAT no:	
PO number:	

SELECT FROM THE DROP DOWN'S		
C. TRAINING COURSE	D. TRAINING TYPE	E. TRAINING OPTION
Choose an item.	Choose an item.	Choose an item.
Preferred Training Dates:		
<p>NOTE:</p> <p>VIRTUAL:</p> <ul style="list-style-type: none"> • Minimum 6 delegates required. • Delegates require access to a laptop/computer with a camera and internet. <p>ONSITE:</p> <ul style="list-style-type: none"> • Travel charges are applicable. • A minimum of 8 delegates confirmed for attendance. 		

G. DELEGATE DETAILS			
No.	Full Name & Surname:	Email Address:	ID Number:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

H. ADDITIONAL COMMENTS

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I. PAYMENT

Choose an item.

J. CERTIFICATES

Upon completion of the items below, Certificates will be emailed.

- Full payment received.
- Minimum test mark is required.
- Assessment due date is one week after the training course.