

CONTRACT OF ENROLMENT AND REGISTRATION FORM

Instruction on how to complete this application form:

1. Please write in block letters and in black pen
2. Always start writing in the first row of the blocks, using one letter per block. If a space is required between words, leave one block empty
3. Some blocks must be marked with a cross e.g.
4. The other blocks must be completed by writing the requested information with one letter per block in block letters (CAPITAL LETTERS)
5. Copy of certified ID to be attached (a birth certificate will not be accepted)

EMPLOYEE INFORMATION:

Title:	Mr		Mrs		Miss		Ms	
Surname:								
First Names:								
Gender:	Male		Female					
Race:	African		White		Coloured		Other	
ID/Passport:								
Date of Birth:								
Disability:	Yes		No					
Married:	Yes		No					
Nationality:	RSA		Other					

Residential Address:	
Residential Address (Town/ City/ Postal Code)	

Employee Name:	
Employee Tel. No:	
Cell No:	
WhatsApp Number (if different from cell):	
Employee Email Address:	

ACADEMIC DETAILS:

Senior Certificate:	Yes		No	
Year Completed:				
Name of School Attended:				
Post Matric Qualifications:				
Institution Attended:				

PROGRAMME DETAILS:

At which training centre are you enrolling in?

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Programme Enrolled?

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Work Experience (CV)

(If no CV provided, please give a brief breakdown of you work experience)

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Other Comments (Optional)

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Employee: First Name and Surname (as per ID)	
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I acknowledge that this form in signed in (city) _____ and is regulated by and interpreted in accordance with South African Law. I have read, understood and accept the terms and conditions of the enrolment contract (Read and sign the enclosed contract and conditions of Enrolment.)

Date									
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Signature	
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