

# Enrolment Form

Certain learner information is required to enable CE at UP to report on learner achievements to the authorities as required. We appreciate your assistance in ensuring that our records are complete. Return to Fax: +27 (0) 12 362 5285 or Mail to CE at UP (Pty) Ltd, Private Bag x 41, Hatfield, 0028

COURSE NAME:   
COURSE DATE:  TO

## YOUR DETAILS

Surname  Title Miss  Ms  Mr  Other   
Full Names  Initials   
Preferred First Name  Gender Male  Female   
Identity Number   
\*If SA citizen, fill in your ID number, otherwise your Passport number Language English  Afrikaans

## YOUR CONTACT DETAILS

Postal Address  Home Address (Not a box number)   
  Code   Code   
Work Phone +  -  Home Phone +  -   
Fax Number +  -  Cellular Phone +  -   
Email Address

## YOUR QUALIFICATIONS

Highest Academic Qualification  Year Completed   
Institution  Student Number   
Professional Association/Body  Member of TUKS Alumni  Yes  
Name of Association  Registration Number

## YOUR EMPLOYER/OCCUPATION DETAILS

Company/Institution Name   
Occupation/Job Description   
Postal Address  Department   
 Building   
 Room/Office   
 Code  Personnel Number

### Primary Industry of Employment (Tick one only)

<input type="checkbox"/> Agriculture, Forestry, Fishing, Hunting	<input type="checkbox"/> Services - Hospitality	<input type="checkbox"/> Engineering Manufacturing
<input type="checkbox"/> Mining	<input type="checkbox"/> Services - Repair/Maintenance	<input type="checkbox"/> Health & Welfare
<input type="checkbox"/> Construction	<input type="checkbox"/> Services - Social	<input type="checkbox"/> Government/Public Administration
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Services - Other Specify: _____	<input type="checkbox"/> Law
<input type="checkbox"/> Wholesale & Retail Trade	_____	<input type="checkbox"/> Sport
<input type="checkbox"/> Finance, Insurance	<input type="checkbox"/> Communication	<input type="checkbox"/> IT
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Education	<input type="checkbox"/> Transportation
<input type="checkbox"/> Services - Entertainment	<input type="checkbox"/> Engineering Service	<input type="checkbox"/> Other _____

Secondary Nature of Business

Please specify field of interest

Please tick if you do NOT want us to contact you in future with regard to any relevant promotional material



