

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, 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 Language English Afrikaans
*If SA citizen, fill in your ID number, otherwise your Passport number

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



**This section is not necessary for delegates enrolled for UP Priority courses.*

PAYMENT DETAILS

Of the person/company (or representative), responsible for payment IF NOT PAID BY THE DELEGATE. After completion of this section, an official order must accompany this registration, failing which, application will not be accepted.

INSTITUTION RESPONSIBLE FOR ACCOUNT

Institution Name
 Contact Person Position

!We hereby consent to the delegate's enrolment and hold myself/ourselves liable for the full payment of fees should the delegate be admitted.

Work Phone + - Fax Number + -
 Email Address

Signature: _____ Date: _____ / _____ / _____
Year Month Day

CREDIT CARD INFORMATION FOR PAYMENT BY CREDIT CARD

Debit my: VISA MASTER OTHER

with the amount of: Amount in words _____ R _____

Credit Card Number

Card Expiry date: Month _____ Year _____ Last 3 digits on back of card

Straight Budget (Months _____)

CARD HOLDER DETAILS

Title _____ Initials _____ Surname _____

Identity Number Tel Number
*If SA citizen, fill in your ID number, otherwise your Passport number

I herewith accept personal responsibility and liability for the payment, should the payment be returned by the bank. I have read and agree to the conditions of entry as stated in this document.

Signature: _____ Date: _____ / _____ / _____
Year Month Day

YOUR NEXT OF KIN (Not living at the same address)

Surname Title: Miss Ms Mr Other

Full names Initials

Preferred Firstname Relation

Home Address (Not a box number)

Work Phone + -

Home Phone + -

Cellular Phone + - Code

I hereby confirm that the information supplied on this form are correct and that I have read and agree to the conditions stipulated on this enrolment form. I accept personal responsibility for payment of the relevant fees as and when required.

Signature: _____ Date: _____ / _____ / _____
Year Month Day

CONDITIONS

Headings are for convenience only and will not be used in the interpretation of these conditions

AMENDMENTS

Unforeseen circumstances may necessitate the appointment of SPEAKERS other than those advertised. Event date(s), time, venue and topics are SUBJECT TO CHANGE.

REGISTRATION

Proof of registration and acceptance of the enrolment will be supplied. The number of seats on each event is LIMITED and acceptance will be on a first come first serve basis.

CANCELLATIONS

CE at UP reserves the right to cancel or postpone a course. Applicants will be informed and all fees will be refunded. Cancellations are accepted, IN WRITING and WITHOUT

PENALTY, up to 14 days prior to date of commencement. Delegates cancelling less than 14 DAYS prior to date of commencement of the course will be liable for payment of full fees. NON-ARRIVALS will be liable for payment of the full fees. SUBSTITUTES will be accepted.

PAYMENT OF FEES

* Not applicable for UP Priority courses. Course fees must be paid IN FULL before date of commencement. NO cash will be accepted at Registration on the date of commencement. CE at UP reserves the right to refuse admission, if proof of payment cannot be supplied. Proof of payment must be faxed to the FINANCE DEPARTMENT prior to date of commencement. Any proof of payment, must reflect the payment REFERENCE as indicated on the proof of registration.

Cheques must be made payable to: Continuing Education at UP

Banking Details

Bank	ABSA	Account Number	4 0 7 0 2 6 8 2 4 4	Type of account
Branch	Hatfield	Branch Code	3 3 - 5 5 - 4 5	Current
Reference Number	Please fill in you surname, initials and telephone number.			

