

REGISTRATION FORM: UP IN-HOUSE TRAINING PROGRAMMES 2012

Complete the registration form in **full** and return to:

Lyneth Zungu/Adelaide Mashoene

CE at UP Trust

upstafftraining.ce@up.ac.za

Faks: 0865 821 130

PERSONAL DETAILS

Title, Initials and Surname	
Name	
Personnel number	
Identity number	
Race (Tick)	African: Coloured: Indian: White: Foreigner:
Gender (Tick)	Male: Female:.....
Specify if you require accommodation for a disability	
E-mail Address	
Telephone number	
Cell number	
Office Number: Department/Section/Building	
Line manager's name, telephone number and e-mail address	e-mail:
Approved by your line manager (Tick)	Yes:.....No:.....
Faculty/Support department	
Special dietary requirements	

Programme	Date (preferred date first)