CONTINUING EDUCATION
UNIVERSITY OF PRETORIA

Return to:
Fax: +27 (0)12 420 2000 or
Mail: CE at UP
Private Bag x 41, Hatfield, 0028
Visit: www.ceatup.com for an online enrolment form

Enrolment Form

COURSE NAME: _____

COURSE START DATE: ☐☐ / ☐☐ / ☐☐ (DAY / MONTH / YEAR) **COURSE NUMBER:** _____

YOUR DETAILS

Identity Number/ Passport Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Title: *Ms* ☐ *Mr* ☐ *Other:* _____

Surname: _____ Initials: _____

Gender: *Male* ☐ *Female* ☐

Full names: _____

Date of Birth: ☐☐ / ☐☐ / ☐☐ (DAY / MONTH / YEAR)

Preferred Firstname: _____

YOUR CONTACT DETAILS

Postal Address: _____

_____

_____

Country: _____ Code: ☐☐☐☐

Home Phone: +☐☐ - ☐☐☐☐☐☐☐☐☐

Cell Phone: +☐☐ - ☐☐☐☐☐☐☐☐☐

Physical Address: _____

_____

_____

Country: _____ Code: ☐☐☐☐

Work Phone: +☐☐ - ☐☐☐☐☐☐☐☐☐

Email Address: _____

YOUR EMPLOYER/OCCUPATION DETAILS

Company/Institution Name: _____

Occupation/Job Title: _____

Department/Division: _____

Work Phone: + ☐☐ - ☐☐☐☐☐☐☐☐☐

Work Fax: + ☐☐ - ☐☐☐☐☐☐☐☐☐

Postal Address: _____

_____

_____

Country: _____ Code: ☐☐☐☐

Physical Address: _____

_____

_____

Country: _____ Code: ☐☐☐☐

Primary Industry of Employer *(Tick one only)*

- ☐ Agriculture, Forestry, Fishing, Hunting
- ☐ Mining
- ☐ Construction
- ☐ Manufacturing
- ☐ Wholesale & Retail Trade
- ☐ Finance, Insurance
- ☐ Real Estate
- ☐ Medical
- ☐ Services - Entertainment
- ☐ Services - Hospitality
- ☐ Services - Repair/Maintenance
- ☐ Services - Social
- ☐ Communication
- ☐ Education
- ☐ Engineering Service
- ☐ Other
- ☐ Engineering Manufacturing
- ☐ Health & Welfare
- ☐ Government/Public Administration
- ☐ Law
- ☐ Sport
- ☐ IT
- ☐ Transportation

☐ *Please tick if you do **NOT** want to recieve any promotional material of upcoming courses in the future.*

YOUR QUALIFICATIONS

Highest Academic Qualification: ☐ Grade 12 ☐ Diploma ☐ Degree ☐ Post-graduate Degree Year Completed: ☐☐☐☐

Membership of Professional Association/Body: _____ Membership Number: *(If applicable)* ☐☐☐☐☐☐☐☐

TUKS Alumni: ☐ Yes ☐ No

RESPONSIBLE FOR PAYMENT:

☐ Self ☐ Employer ☐ Bursary/Sponsorship: _____ (Specify)

I hereby confirm that the information supplied on this form is correct and that I have read and agree to the conditions stipulated on the reverse side of this enrolment form. I accept personal responsibility to ensure payment of the relevant fees before commencement of the course.

Signature: _____ Date: ☐☐ / ☐☐ / ☐☐ (DAY / MONTH / YEAR)