

72 Celtics Street - Palm Ridge Tel: 011 904 2720

www.siyafundactc.org.za

ENROLMENT FORM

IMPORTANT												
NOTICE												
Enrolment will be de that you sign this for			olete or require	d documents are	not att	ached. P	Please use	black ir	nk to complete th	is form ar	nd ensure	
Attach the following	document	s to this form	: form:									
1. Certified copy of	your ID.											
2. Certified copy of	you highest	qualification.										
Cancellations are acc days prior to the dat of fees.		_							-			nt
	1											
PROGRAMME NAME:												
PROGRAMME												
DATE:							ТО					
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ENROLMENT CLOSIN	IG DATE:						TIN	ME:				
YOUR DETAILS												
Surname:]	Title:		Miss Ms	N	1r	
Full Names:							Initials:	Ī	101133		"	
Identity Number:							Gender:	L	Male	Femal	e	
Occupation:							Languag	Γ				
Disability:						I		<u> </u>				1
Race:	African	White	Indian	Colored		other						
YOUR CONTACT D	ETAILS											
Postal Address:					Hor	ne Addre	ess:					
		Code								Code		
Work Phone		Code			Hor	ne Phone	<u> </u>			Code		
Fax Number						ular Pho						
Email Address				l .				ı				
YOUR												
QUALIFICATIONS										_	1 1	
Highest Academic Qualification Year Completed												
Certificates obtained	l, related to	the programi	ne you are app	lying for:								

VAT Number (if naving for the programme)						
VAT Number (if paying for the programme)						
Tel Novelean						
Tel Number						
Email Address						
informed and alternative arrangements will be agreed upon.						
that I have read and agreed the conditions stipulated on this enrolment						
and when required.						
Date:						
Date:						
Date:						
Date:						
Date:						
Part of a group booking Yes						
Part of a group booking Yes						
Part of a group booking Yes						
Part of a group booking Yes						
Part of a group booking Yes						

LEARNER AGREEMENT

As a learner registering with Siyafunda CTC, it is expected that you understand the rules governing the relationship between you and Siyafunda CTC. This agreement below set out this relationship.

Before your registration will be accepted, you are required to sign and date this agreement and attach it to your registration form. (Please make a copy for your own records).

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- 1. It is your responsibility to ensure that you are properly prepared for the assessments. You should remember that for each credit allocated to a programme, it takes you approximately 10 learning hours (notional hours). Notional hours include work experience, reading and studying, attending classes and contact sessions, doing assessments and preparing for assessments.
- 2. General conditions for all learners:
 - a. I accept my full responsibility to check the time table for classes and assessments and venue allocations well in advance and to ensure that I am familiar with the venue and its location. I will not hold [Siyafunda CTC] responsible for my late arrival at a venue as a result of venue and/or timetable changes that might occur from time to time as a result of circumstances beyond the control of Siyafunda CTC.
 - b. I accept my full responsibility to ensure that Siyafunda CTC is in possession of my current contact details.
 - c. I accept that Siyafunda CTC uses e-mail circulars as its main means of immediate communication, followed by the website, followed by facilitators and in the last resort, by the postal system.
 - d. I accept that I need to behave respectfully while on the training site and that:
 - No cellular telephones will be allowed during lectures.
 - No eating, drinking, smoking or other refreshments will be allowed in classes.
 - No late arrival at class / contact sessions
 - e. I accept that for the duration of the programme, I will assume any and all risks pertaining thereto, and release Siyafunda CTC and / or its officials, officers and all other personnel from any and all liability whatsoever for any injuries, damages and claims that I may sustain in any way during the course of the said programme and / or any claim(s) that my heirs or dependents may have, arising from the programme.
- 3. Occupational Health and Safety

a.	I have read and understand Annexure A with regards to C	occupation	al Health and Safety (included in this form).
Signature:		Date:	