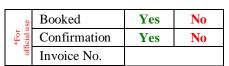


## 2025

# **Enrolment Form**



	Course End Date:				
If you attend Safe Handling of Refrigerant Gas – Complete as well below					
	Year Obtained:				
	Renewal:				
	tend Safe Handling of Refri	tend Safe Handling of Refrigerant Gas – Complete as well Year Obtained:			

LEARNER DETAILS		
Full Names & Surname:		
Cell Number:	ID Number:	
Fax Number:	Email:	
Postal Address:		
Fostal Address.		

INVOICING INFORMATIO	N		
*(COMPULSORY INFORMATION –	- SHOULD BE COMPLETED BY COM	PANY OR PERSON LIABLE F	OR THE PAYMENT):
Company Name:			
VAT Number:		Tel Number:	
Line Manager:		Fax Number:	
Line Manager Email:		Postal Address:	
Company Address:			

#### **TERMS & CONDITIONS:**

- Enrolments will not be accepted without a 50% nonrefundable deposit (or a Company Purchase Number).
- 2. FULL payment is due on the first day of the course.
- 3. Cancellation Policy
  - Should the student cancel his/ her course in less than 7 days prior to commencement of the course he/ she will be liable for the full payment of the course.
- 4. Please remember to bring the following to class:
  - 1) Personal Protective Equipment
  - 2) Safety shoes student will not be allowed in the workshop without safety shoes.
  - 3) Proof of payment and Certified ID copy.
  - 4) Basic stationary:
- 5. Students are not allowed to answer cell phones during class.

### **IMPORTANT INFORMATION:**

- 1. The student should register at Reception on the first day of every course.
- 2. The student must submit a certified ID copy (not alder than 3 months) on the first day of every course.
- 3. Classes start at 08:00 15:00, Mondays Thursdays (study time is from 15:00 16:00 and 08:00 14:00 on Fridays.
- 4. Please confirm with the offices that your enrolment form has been received and processed.
- If you have not received a course confirmation letter and invoice, then you are not booked for the course and we will not allow you to attend the course.
- 6. Refreshments will be available
  - 1) Water
  - 2) Tea
  - 3) Coffee

#### REQUIRED DOCUMENTATION THAT MUST BE ATTACHED TO THIS ENROLMENT FORM Certified ID Copy. YES NO 2 50% deposit (proof of payment) attached. YES NO Or purchase order number and document from company. YES NO 3 4 Other Certificates obtained besides with Infusion Technical School YES NO Allergies \*(please indicate below) 5 YES NO

EDUCATIONAL BACKGROUND *Please add copies of certificates						
Matric Certificate	YES	NO	Name of HS:		Year:	
College Certificate	YES	NO	Name of Collage:		Year:	
Diploma	YES	NO	Name of Diploma Centre:		Year:	
Degree	YES	NO	Name of Degree Centre:		Year:	
Certificated Courses	YES	NO	Name of Certificated Courses Centre:		Year:	



# 2025 Enrolment Form

PARENT UNDER	OR GARE	DIAN DETA OF AGE). *1	IL (TO BE COMPL Please attach ID copy	ETED IF	LEARNER IS A	MINOR – I.E. Jardian.	UNMARRIED PERSO
Title:			First Names:	,		Surname:	
Parent:	YES	NO	Family:	YES	NO	Other *(speci	fy):
ID no:		•	, ,		<u>,                                    </u>	\ <b>1</b>	
	H	HOME ADD	RESS			POSTAL AD	DRESS
	ty:				City:	1	<u>,                                      </u>
Post Coc			Country:		Post Code:		Country:
Provinc			District:		Tel No:		
Ema	ail:				Cell No:		
. 4. 4 4	N			MEDICA I	L AID		
ledical Aid			ID N	Number:			
ain Membe	er Code:						
llergies:							
edical History	ory:						
<ul><li>This c</li><li>Proof</li></ul>	document control of payment/	PO number SIGNATUR	ES ring of the above-men	ntioned in	nformation is accu	rate and true.	
GNATORIE	<u>:S:</u>						
Learner Signature					Witness Signature/Compa		
	Date						Date