



ATT : _____
 Fax No : _____
 From : _____

P.O. Box 14082,
 Sidwell, Port Elizabeth, 6061
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ENROLMENT FORM

COURSE FEES ARE STRICTLY PAYABLE IN ADVANCE, UNLESS YOUR COMPANY HAS A CREDIT FACILITY AVAILABLE. CANCELLATION MUST BE DONE IN WRITING AT LEAST 5 DAYS PRIOR TO THE COURSE DATE, FAILING WHICH A 50% ADMINISTRATION FEE WILL BE CHARGED. NO SHOWS WILL BE CHARGED THE FULL FEE. COURSE FEES DO NOT INCLUDE MEALS, ACCOMMODATION AND TRANSPORT.

BANK DETAILS: STANDARD BANK, NORTH END, CURRENT ACCOUNT, BRANCH NUMBER: 050217, ACCOUNT NUMBER 080626467

WHERE DID YOU HEAR OF EASTCAPE TRAINING CENTRE? (TICK ✓)						
HERALD	PE EXPRESS	BUSINESS LINK	INFOCOM	EMAIL	WEBSITE	OTHER

Course Title: _____ Course code: _____

Date of Course: From: _____ To: _____ Duration: _____

Name of Client: _____ ETC Account Holder?

Yes	No
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Address of Client: _____ Postal Code: _____

(Postal) _____ Tel No: _____

Client Contact Person: _____ Fax No: _____

VAT No.: _____ E-mail Address: _____

PLEASE NOTE THAT THE OPTIONS BELOW ARE NOT INCLUDED IN THE COURSE FEE.

Accommodation Required?	Yes	No	Lunchtime Meals Required?	Yes	No
If yes for accommodation	Single	Sharing	Transport Required?	Yes	No
Laundry Required?	Yes	No	<i>(Transport only from and to Boarding House or Guest house)</i>		
For National Statistics: Is the Learner disabled?	Yes	No	If yes, state the disability. _____		
Special Learning Needs	Yes	No	If yes, please specify. _____		

NB: Please ensure that CORRECT LEARNER INFORMATION is furnished as it is used for certification purposes. PLEASE WRITE CLEARLY IN BLOCK PRINT AND ATTACH COPY OF I.D. DOCUMENT

	Learner Surname	Learner First Names	ID Number	Race	Std. of Educ.	M/F	Meal Req S / H / V
1)							
2)							
3)							
4)							
5)							

**FOR LUNCHTIME MEAL DIETARY REQUIREMENTS PLEASE INDICATE IN THE ABOVE RIGHT COLUMN:
 S=STANDARD. H=HALAAL. V=VEGETERIAN.**

CLIENT'S ORDER NO. _____ SIGNED AND AUTHORISED BY CLIENT _____
 (Agreeing to the terms and conditions)