

# 2018 REGISTRATION FORM

MACCAUVLEI  
LEARNING  
ACADEMY



**Note:** a separate registration form must be submitted for each delegate.

**Programme name:**

**Course code:**  **Course date:**

**Delegate information** (**Note:** If you do not have a South African identity number, please use your own national identity number, giving the nationality in the box provided below the number)

Title:  First name:  Surname:

Tel. No.:  ID No.:

Cell. No.:  Nationality:

Fax No.:  E-mail:

Special requests:

## Training authorised by

Name:

Company:  Designation:

E-mail:

Telephone:  Fax:

I accept the terms & conditions below

Signature

## Payment details

Purchase Order

No.:

If your company requires PO numbers, this form will not be accepted unless the Purchase Order number block is completed

## Person responsible for payment of invoice:

Company:

Name:

VAT No.:

Telephone:

Postal

Fax:

Address

E-mail:

**Fax the signed form to: 086 585 4673. Tel: 011 439 3900. E-mail: [bookings@maccauvlei.co.za](mailto:bookings@maccauvlei.co.za)**

### Terms & conditions:

- Registration for this course will close at 16h30 on the Friday one full week prior to commencement of the programme.
- Payment must be made before the start of the training with proof of payment faxed through to 011 439 3932.
- Maccauvlei reserves the right to recall or refuse the service in the event of non-payment.

### Cancellation:

If written cancellation is not received at least five (5) working days prior to the start of any service you will be charged with the full amount. All postponements (made within the required period) will only be accepted when accompanied by either a Doctor's note or an official company letter; failure to comply will result in cancellation fees being levied.

**Programme changes:** All prices and dates are subject to change without notice. Availability of places is on a first come, first served basis and Maccauvlei is not responsible for delegates who arrive without advance booking.

# Recognition of Current Competence



To be completed by all learners

## PLEASE NOTE FOR YOUR ATTENTION

Delegates attending **short courses/skills programmes** need only complete this 1-pager and **do not need** to attach additional evidence

\*\* Delegates attending **qualifications** must ensure that they complete this 1-pager AND attach **additional evidence** for sections indicated (certificates/statement of results and short CVs)

### 1. Personal Details

Name and Surname	
Company	

### 2. Programme Wishing to Attend

Starting Date	

### 3. School Qualifications Completed

(tick the applicable box)

Lower than Grade 9	
Grade 9	
Grade 10	
Grade 11	
Grade 12 (Matric)	
Other	

### 4. Post School Qualifications Completed \*\*

Certificate	NQF Level	Provider of Training	Qualification Title	Achievement Date
Certificate	1 – 3			
Certificate	4			
Higher Certificate	5			
Diploma	6			
Degree	7			
Honours	8			
Masters	9			
Doctorate	10			

### 5. Skills Programmes Completed \*\*

Programme	Provider of Training	Unit Standards Achieved (if applicable)	Achievement Date
Coach the Learner			
Assessor			
Moderator			
Skills Development Fac.			
Facilitation Skills			
Other/s			

### 6. Present Position in your Organisation

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### 7. Work Experience \*\* (tick all applicable boxes)

Years	Admin	Training/HR	Supervisor	Management
Up to 1 year				
1 to 2 years				
2 to 5 years				
5 years and more				