

# 2019 REGISTRATION FORM

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

<b>Programme name:</b>			
<b>Course code:</b>		<b>Course date:</b>	
<b>Learnership:</b>	YES // NO		

**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.:		Nationality:	
Cell. No.:		E-mail:			
Fax No.:					
Special requests:					

## Training authorised by

Name:				I accept the terms & conditions below
Company:		Designation:		
E-mail:				
Telephone:		Fax:		
				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 Address		Fax:	
		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 12h00 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 +27(0)11 4393932 or [bookings@maccauvlei.co.za](mailto:bookings@maccauvlei.co.za).
- 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) \*\*

### Personal Details

Name and Surname

Company

### 1. School Qualification Completed (tick the applicable box)

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

### 2. 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			

### 3. Skills Programmes Completed \*\*

Programme	Provider of Training	Unit Standards Achieved (if applicable)	Achievement Date
Coach the Learner			
Management & Leadership			
Human Resource Management			
Assessor			
Moderator			
Skills Development Facilitator			
Facilitation Skills			
Other/s			

### 4. Present Position in your Organization

### 5. 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				