



STUDENT ENROLMENT FORM

Doc No : QF-TRG-1095
Issue : 3
Date : 09-11-2009

STUDENT DETAILS

Title		First Names			
Surname					
ID Number		Is this your first course at ANDTC?	Yes	No	
Highest Qualification		Have you passed maths and science in Grade 12?	Yes	No	
Telephone (w)		Cell Phone			
Physical Address					
Postal Address					
E-mail Address					

COMPANY / SPONSOR DETAILS

Company Name		Tel No			
Company Contact		Fax No			
Contact Email		Order No			
Physical Address					
Postal Address					
Payment Option	Cash	Cheque	Direct Dep	VAT No	
E-mail Address					

COURSE DETAILS (Please mark with an X)

Full Course

Refresher

Method / Level	PT	MT	RT	UT	ET	RI	WI	WT	Level 1	Level 2
Other (Please Specify)										
Course Dates								Course No		
Company Specific Requirements										

For ET and UT courses, it is highly recommended that students use their own equipment during training.

DECLARATION

We/I _____ (the company or individual responsible for account), hereby agree to be liable for the course fees. I agree that all no shows or late cancellations will be charged at 25% of the course fee. By affixing my signature hereto I acknowledge that I have read, understand and agree to the terms and conditions.

Signature: _____ (Responsible person)

Company: _____ Date: _____

ANDTC ADMINISTRATION
