



2017

Fax or Email Enrolment Form, ID Copy & Proof of Payment to:
 fax 086 671 0402 / email info@acra.co.za

Booked	
Conf.	
Inv.No.	
Meals	

COURSE INFORMATION

COURSE NAME			
COMMENCEMENT		COMPLETION	

LEARNER DETAILS

NAME & SURNAME												
CELL		I.D. NO										
FAX NO		EMAIL										
POSTAL ADDRESS												

INVOICING INFORMATION (INFORMATION COMPULSORY - SHOULD BE COMPLETED BY COMPANY OR PERSON LIABLE FOR PAYMENT!):

COMPANY NAME			
VAT NO		TEL NO	
MANAGER		FAX NO	
EMAIL		P O S T A L ADDRESS	

<p>TERMS & CONDITIONS:</p> <ol style="list-style-type: none"> Enrolments will not be accepted without a - 50% non refundable deposit (or a Company Purchase Order No.) Full payment is due on the first day of the course! CANCELLATION POLICY: Should the student cancel his/her course in less than 7 days prior to commencement of course he/she will be liable for the full payment! <p>PLEASE REMEMBER TO BRING:</p> <ul style="list-style-type: none"> * Personal Protective Equipment * Safety Shoes (student(s) will not be allowed in the workshop without Safety Shoes) * Proof of payment, id copy, basic stationery (pen, pencil, ruler, highlighter, standard calculator, eraser and notepad) * Students are not allowed to answer cellphones during class. 	<p>IMPORTANT INFORMATION:</p> <ol style="list-style-type: none"> The student should register at Reception on the first day of every course. The student has to submit a copy of his/her ID document on the first day of the course. Classes start at 08:00-15:00 Mondays–Thursdays (study time is from 15:00 - 16:00) and 08:00–14:30 on Fridays. Please confirm that we have received your Enrolment form (Contact Annelize–0116091118). If you haven't received a Course Confirmation Letter and Invoice.....then you are not booked! Refreshments Included - Coffee and Tea! Lunch is available daily please book and pay upfront-R90 per meal (valid from 1/1-31/12/2017), cold drinks available.
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REQUIREMENT CHECKLIST

1	ID COPY ATTACHED	
2	50% DEPOSIT ATTACHED	
3	OR PURCHASE ORDER NO. ATTACHED	
4	MEALS REQUIRED @ R90 PER MEAL MOND-THURSD.	

Banking Details:
Account Holder: Air Conditioning and Refrigeration Academy
Bank: Standard Bank. Branch: Greenstone.
Branch Code: 016342. Acc. No.: 220108617
***please use your surname as a reference**

I, have read, understand and accept the Terms and Conditions!

Name&Surname

..... Signature /..... Date /.....

Document Title	ENROLMENT FORM	Document Number	ENR001
Date Compiled	10 SEP 2013	*Last Revision Date	10 SEP 2013
Page Number	Page 1 of 3	Access	CONTROLLED
Reviewed by	A. PIETERSE	Approved by	G. LAIDLAW

*The document with the latest revision date is the current official document

LEARNER EMPLOYMENT DETAILS			
LEGAL NAME OF EMPLOYER			
TRADING NAME OF EMPLOYER			
EMPLOYER WORKPLACE			
SDL NUMBER			
NAME OF SETA REGISTERED AT			
SIC CODE THAT APPLIES			
CONTACT PERSON		TELEPHONE NUMBER	
SUPERVISOR NAME			
LEARNER'S CURRENT JOB			
WERE YOU EMPLOYED BY YOUR EMPLOYER BEFORE CONCLUDING THIS FORM?	EMPLOYED	UNEMPLOYED	
IF YOU WERE UNEMPLOYED BEFORE CONCLUDING THIS FORM, STATE HOW LONG			
EMPLOYMENT HISTORY	DATES	POSITION	DESCRIPTION
SKILL AREA			
NOTES			

LEAD TRAINING PROVIDER DETAILS							
LEGAL NAME OF PROVIDER	AIR CONDITIONING AND REFRIGERATION ACADEMY						
TRADING NAME OF PROVIDER	SAME AS ABOVE						
TRAINING PROVIDER SITE	203 ELEMENT ROAD, CHLOORKOP, KEMPTON PARK, 1619						
SDL NUMBER	L290742859						
NAME OF SETA REGISTERED AT	MERSETA						
SIC CODE THAT APPLIES	17/35691						
CONTACT PERSON	ANRIA PIETERSE	TELEPHONE NUMBER	011 393 1642/011-609-1118				
ACCREDITATION NUMBER	17-QA/ACC/0357/09	REVIEW DATE	20-09-2018				
PHYSICAL ADDRESS				POSTAL ADDRESS			
203 ELEMENT ROAD				P. O. BOX 1709			
CHLOORKOP				EDENVALE			
KEMPTON PARK							
CITY	JOHANNESBURG			CITY	JOHANNESBURG		
POST CODE	1619	COUNTRY	RSA	POST CODE	1610	COUNTRY	RSA
PROVINCE	GP	MAG. DISTRICT	EKURHULENI				
E-MAIL	INFO@ACRA.CO.ZA		PHONE	0 1 1	393 1642	CEL L	---

Document Title	Skills Programme Learner Registration Form		
Document Number	LPM-FM-015	Date Compiled	01 July 2008
Page Number	Page 2 of 3	*Last Revision Date	30 June 2010
Revision Number	Rev 04	Access	Controlled
Review: Learning Programme Manager		Approved: CEO	

PARENT OR GUARDIAN DETAIL (TO BE COMPLETED IF LEARNER IS A MINOR – I.E. AN UNMARRIED PERSON UNDER 21 YEARS)							
TITLE		FIRST NAMES		SURNAME			
I.D. No							
HOME ADDRESS				POSTAL ADDRESS			
CITY				CITY			
POST CODE		COUNTRY		POST CODE		COUNTRY	
PROVINCE		MAG. DISTRICT					
E-MAIL			PHONE	CODE	NUMBER	CELL	

DECLARATIONS AND SIGNATURES

I hereby declare that the capturing of the above mentioned information is accurate.

5.3 SIGNATORIES:

Learner's Signature

Witness Signature

Date

Date

Lead Training Provider's Signature

(Delete the word 'Lead' if not applicable)

Witness Signature

Date

Date

Employer

Date

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Revision Number	Rev 04	Access	Controlled
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22 January 2015

***The document with the latest revision date is the current official document**