

FOR OFFICE USE	BOOKED	QUOTE NO	CONFIRMED	INV NO
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# Ambient Control

ACRA / Satellite - Ambient Control Kimberley

**FULLY ACCREDITED TRADE TEST CENTRE**

Merseta Accreditation No's.  
17-QA/ACC/0357/09  
17/QA/ACC/0228/07

71-75 De Beers Road / P. O. Box 1439  
Kimberley, 8301  
Tel: (053) - 833 1903  
Fax: (053) - 832 4296  
Cell: 083 261 5728  
Email: [zreineke@tiscali.co.za](mailto:zreineke@tiscali.co.za)

## Air Conditioning and Refrigeration Academy

# ENROLLMENT FORM • 2019 (KIMBERLEY)

EMAIL ENROLLMENT FORM WITH COPY OF ID AND PROOF OF PAYMENT TO [ZREINEKE@TISCALI.CO.ZA](mailto:ZREINEKE@TISCALI.CO.ZA)

<b>BOOKING TYPE</b> PLEASE SELECT ONE	booked & paid for by <b>Employer / Company</b>	booked & paid <b>Private Student</b>	booked & paid for by <b>Parent/Guardian</b>
<b>BRANCH SELECTION</b> PLEASE SELECT ONE	ACRA/Satellite - Ambient Control <b>KIMBERLEY</b>		

### TERMS & CONDITIONS

\* 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

\* Please confirm that we've received your Enrolment – if you havent received a course confirmation letter and Quote/Invoice then your are not booked

### CANCELLATION POLICY

\* Should the student/employer cancel his/her course in less than 7 days prior to commencement of training he/she will be liable for the full payment!

### IMPORTANT INFORMATION:

\* The Learner should register at Reception on the first day of every course

\* The student has to submit a copy of his/her ID on the first day of the course

\* Classes start at 08h00 until 15h00 Mondays to Thursdays (study time from 15h00 until 16h00) and 08h00 until 13h00 on Fridays  
(study time from 13h00 until 14h00)

\* Refreshments included - Tea & Coffee

### PLEASE REMEMBER TO BRING:

\* **Safety Shoes - students will not be allowed in the workshop without safety shoes**

\* Proof of Payment

\* Id copy

\* Basic Stationary - pen, pencil, ruler, highlighter, eraser, notepad & standard calculator (NO CELLPHONES ALLOWED IN CLASS)

\* Students are not allowed to use cellphones during class

1. COURSE / LEARNING PROGRAMME DESCRIPTION									
COURSE NAME									
START DATE						END DATE			
2. LEARNER INFORMATION									
LEARNER NAME & SURNAME									
	LEARNER ID NO.								
LEARNER CELL NO.									
LEARNER EMAIL ADDRESS									
3. EMERGENCY CONTACT									
CONTACT NAME						RELATIONSHIP TO LEARNER			
CELL NO.									

Document Title:	Learner Enrollment Form - KIMBERLEY	Document Number:	LEF-001
Date Compiled:	1 July 2008	*Last Revision Date:	10 October 2017
Revision Number:	10	Access:	Controlled
Reviewed By:	A Pieterse	Approved By:	GK Laidlaw
* The document with the latest revision date is the current official document.			

**4. EMPLOYER / COMPANY INFORMATION**

COMPANY NAME										
TELEPHONE NO										
ADDRESS OF EMPLOYER										
MANAGER NAME & SURNAME										
MANAGER TEL/CEL No.										
MANAGER EMAIL ADDRESS										

**5. INVOICING INFORMATION / PERSON RESPONSIBLE FOR PAYMENT**

COMPANY NAME										
COMPANY VAT No.										
PURCHASE ORDER No.										
POSTAL ADDRESS										
COMPANY ACCOUNTS DEPT. CONTACT PERSON										
COMPANY ACCOUNTS DEPT. TEL No.										
COMPANY ACCOUNTS DEPT. EMAIL ADDRESS										

MANAGER / PERSON RESPONSIBLE FOR PAYMENT	I _____ (MANAGER / SUPERVISOR / PARENT / GUARDIAN / LEARNER)	_____
		SIGNATURE
		_____
		DATE
	HEREBY AUTHORIZE THE FOLLOWING LEARNER TO ATTEND TRAINING AT ACRA/SATELITE-AMBIENT CONTROL KIMBERLEY. I HAVE ALSO READ, UNDERSTAND AND ACCEPT THE TERMS & CONDITIONS.	
	MR/MS/MRS _____ (LEARNER)	_____
		SIGNATURE
		_____
		DATE

**6. REQUIREMENT CHECKLIST**

ID COPY ATTACHED	<input type="checkbox"/>
50% DEPOSIT ATTACHED	<input type="checkbox"/>
PURCHASE ORDER No.	<input type="checkbox"/>

**7. BANKING DETAILS**

ACCOUNT HOLDER	AMBIENT CONTROL
BANK NAME	Standard Bank
ACCOUNT NUMBER	040 052 923
BRANCH CODE	050-002

**REFERENCE PLEASE USE THE QUOTATION NUMBER / INVOICE NUMBER / LEARNER SURNAME AS REFERENCE!**

Email Enrollment Form with **copy of id** and **proof of payment** to zreineke@tiscali.co.za

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