

FOR OFFICE USE	BOOKED	QUOTE NO	CONFIRMED	INV NO
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Winner business of the year award!

FULLY ACCREDITED TRADE TEST CENTRE

Accreditation No's.
17-QA/ACC/0357/09/MER
AC000173NAMB

203 Element road, Chloorkop, Kempton Park 1619
PO Box 1709, Edenvale, 1610
Tel: (011) 393 1642
Tel: (011) 609 1118
Fax: 086 671 0402
info@acra.co.za
www.acra.co.za
CK 1995/051145/23
VAT. NO. 476 018 8229

Air Conditioning and Refrigeration Academy

JHB · ENROLLMENT FORM · 2020

EMAIL ENROLLMENT FORM WITH COPY OF ID AND PROOF OF PAYMENT TO INFO@ACRA.CO.ZA / FAX 0866710402

BOOKING TYPE PLEASE SELECT ONE	booked & paid for by Employer / Company	booked & paid Private Student	booked & paid for by Parent/Guardian
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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 haven't received a course confirmation letter or Quote/Invoice then you 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 - JHB	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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black; padding-bottom: 5px;">I _____ (MANAGER / SUPERVISOR / PARENT / GUARDIAN / LEARNER)</td> <td style="width: 30%; border-bottom: 1px solid black; padding-bottom: 5px;">SIGNATURE</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;"></td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">DATE</td> </tr> <tr> <td colspan="2" style="padding: 5px 0 0 0;">HEREBY AUTHORIZE THE FOLLOWING LEARNER TO ATTEND TRAINING AT ACRA (JHB - HEAD OFFICE). I HAVE ALSO READ, UNDERSTAND AND ACCEPT THE TERMS & CONDITIONS.</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">MR/MS/MRS _____ (LEARNER)</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">SIGNATURE</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;"></td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">DATE</td> </tr> </table>									I _____ (MANAGER / SUPERVISOR / PARENT / GUARDIAN / LEARNER)	SIGNATURE		DATE	HEREBY AUTHORIZE THE FOLLOWING LEARNER TO ATTEND TRAINING AT ACRA (JHB - HEAD OFFICE). I HAVE ALSO READ, UNDERSTAND AND ACCEPT THE TERMS & CONDITIONS.		MR/MS/MRS _____ (LEARNER)	SIGNATURE		DATE
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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	Air Conditioning and Refrigeration Academy																		
BANK NAME	Standard Bank																		
ACCOUNT NUMBER	220108617																		
BRANCH	Greenstone																		
BRANCH CODE	01 63 42																		
REFERENCE	PLEASE USE THE QUOTATION NUMBER / INVOICE NUMBER / LEARNER SURNAME AS REFERENCE!																		

Email Enrollment Form with **copy of id** and **proof of payment** to info@acra.co.za / fax 0866710402

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