

FOR OFFICE USE	BOOKED	QUOTE NO	CONFIRMED	INV NO
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FULLY ACCREDITED TRADE TEST CENTRE

Accreditation Numbers

17-QA/ACC/0357/09/MER

AC000173NAMB

KZN Branch (Umbilo)

10 Enfield Avenue, Umbilo, KZN, 4001

Tel: (031) 202 3103

Fax: 086 671 0402

acrakzn@acra.co.za

www.acra.co.za

Air Conditioning and Refrigeration Academy

DURBAN · ENROLMENT FORM · 2020

EMAIL ENROLLMENT FORM WITH COPY OF ID AND PROOF OF PAYMENT TO ACRAKZN@ACRA.CO.ZA

BOOKING TYPE PLEASE SELECT ONE	booked & paid for by Employer / Company	booked & paid Private Student	booked & paid for by Parent/Guardian
BRANCH SELECTION PLEASE SELECT ONE	ACRA DURBAN		

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 - DURBAN	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.	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>										
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.	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>										
COMPANY ACCOUNTS DEPT. EMAIL ADDRESS											
MANAGER / PERSON RESPONSIBLE FOR PAYMENT	I _____ (MANAGER / SUPERVISOR / PARENT / GUARDIAN / LEARNER) <div style="float: right; text-align: right;"> _____ SIGNATURE </div> <div style="float: right; text-align: right;"> _____ DATE </div> <p>HEREBY AUTHORIZE THE FOLLOWING LEARNER TO ATTEND TRAINING AT ACRA KZN (UMBILO). I HAVE ALSO READ, UNDERSTAND AND ACCEPT THE TERMS & CONDITIONS.</p> MR/MS/MRS _____ (LEARNER) <div style="float: right; text-align: right;"> _____ SIGNATURE </div> <div style="float: right; text-align: right;"> _____ DATE </div>										
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	ACRA KZN										
BANK NAME	Standard Bank										
ACCOUNT NUMBER	1011 084 755 3										
BRANCH CODE	04 25 26										
REFERENCE	PLEASE USE THE QUOTATION NUMBER / INVOICE NUMBER / LEARNER SURNAME AS REFERENCE!										

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

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