

REGISTRATION FORM 2010



MACCAUVLEI

Note: a separate registration form must be submitted for each delegate.

Programme name:
Programme code: Course date:

If your company uses a travel agent please do not complete the accommodation section.

Do you require accommodation? Yes No Arrival date: Departure date:
Do you require separate invoices for training and accommodation? Yes No

Delegate information (Note: If you do not have a South African identity number, please use your own national identity number, giving the nationality in the box provided below the number)

Title: First name: Surname:
Tel. No.: ID No.:
Cell. No.: Nationality:
Fax No.: E-mail:
Special requests:

Training authorised by

Name:
Company: Designation:
E-mail:
Telephone: Fax:
I accept the terms & conditions below

Signature

Payment details

Person responsible for payment of invoice: Purchase Order No.:
If your company requires PO numbers, this form will not be accepted unless the Purchase Order number block is completed
Company: Name:
VAT No: Telephone:
Postal: Fax:
Address: E-mail:

Fax the signed form to: 086 696 1670 / (016) 422-1190. Tel.: (016) 420-2020. E-mail: bookings@maccauvlei.co.za

Terms & conditions:

- Registration for this course will close at 16h30 on the Friday one full week prior to commencement of the programme.
- Payment must be made before the start of the training with proof of payment faxed through to (016) 420-2299.
- Delegates attending public programmes may alternatively, pay on arrival by cheque, credit card or cash. A tax invoice will be sent to you.
- Maccauvlei reserves the right to recall or refuse the service in the event of non payment.

Cancellation: If written cancellation is not received at least five (5) working days prior to the start of any service you will be charged with the full amount. Delegates who have booked into the hotel will be charged one (1) night's accommodation.

Recognition of Current Competence



To be completed by all learners

MACCAUVLEI

PLEASE NOTE FOR YOUR ATTENTION

Delegates attending **short courses/skills programmes** need only complete this 1-pager and **do not need** to attach additional evidence

** Delegates attending **qualifications** must ensure that they complete this 1-pager AND attach **additional evidence** for sections indicated (certificates/statement of results and short CVs)

1. Personal Details

Name and Surname	
Company	

2. Programme wishing to attend

Starting Date	

3. School Qualifications Completed

(tick the applicable box)

Grade 9	
Grade 10	
Grade 11	
Grade 12 (Matric)	
Other	

4. Post School Qualifications Completed **

Certificate	NQF Level	Provider of Training	Qualification Title	Achievement date
Certificate	4			
Higher Certificate	5			
Diploma	5			
Degree	6			
Masters	7			
Doctorate	8			

5. Skills Programmes Completed **

Programme	Provider of Training	Unit Standards achieved (if applicable)	Achievement date
Coach the Learner			
Assessor			
Moderator			
Skills Development Fac.			
Facilitation Skills			
Other/s			

6. Present Position in your Organisation

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7. Work Experience ** (tick all applicable boxes)

Years	Admin	Training/HR	Supervisor	Management
Up to 1 year				
1 to 2 years				
2 to 5 years				
5 years and more				