

ENROLMENT FORM

IMPORTANT NOTICE

Enrolment will be delayed if forms are incomplete or required documents are not attached. Please use black ink to complete this form and ensure that you sign this form on **ALL** the pages. Please complete **ALL** required detail.

Attach the following documents to this form:

1. Certified copy of your ID.
 2. Certified copy of you highest qualification (senior certificate / Grade 12).
 3. **Proof of payment** - Full payment must be made **PRIOR** to course start date. You will be liable for any outstanding fees should we not receive full payment before commencement. No cheques/cash accepted.
- Cancellations are accepted in writing and without penalty, up to 14 days prior to the date of commencement. **Delegates that cancel less than 14 days prior to the date of commencement of the programme will be liable for the full payment of fees. Non-arrivals will also be liable for the full payment of fees.**

PROGRAMME NAME:

PROGRAMME DATE: TO

ENROLMENT CLOSING DATE: TIME:

YOUR DETAILS

Surname:	<input style="width: 100%;" type="text"/>	Title	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Mr <input type="checkbox"/>
Full Names:	<input style="width: 100%;" type="text"/>	Initials	<input style="width: 100%;" type="text"/>		
Identity Number:	<input style="width: 100%;" type="text"/>	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Occupation	<input style="width: 100%;" type="text"/>	Language	<input style="width: 100%;" type="text"/>		
Disability	<input style="width: 100%;" type="text"/>				
Dietary Requirements	<input style="width: 100%;" type="text"/>				

YOUR CONTACT DETAILS

<p>Postal Address</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Code <input style="width: 20px;" type="text"/>	<p>Home Address</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Code <input style="width: 20px;" type="text"/>
Work Phone <input style="width: 100%;" type="text"/>	Home Phone <input style="width: 100%;" type="text"/>
Fax Number <input style="width: 100%;" type="text"/>	Cellular Phone <input style="width: 100%;" type="text"/>
Email Address <input style="width: 100%;" type="text"/>	

YOUR QUALIFICATIONS

Highest Academic Qualification Year Completed

Certificates obtained, related to the programme you are applying for

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

YOUR EMPLOYER DETAILS

Company Name

Contact Person (responsible for the account)

<p>Postal Address</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Code <input style="width: 20px;" type="text"/>	<p>VAT Number (if paying for the programme) <input style="width: 100%;" type="text"/></p> <p>Tel Number <input style="width: 100%;" type="text"/></p> <p>Email Address <input style="width: 100%;" type="text"/></p>
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Physical Address

	Code

PAYMENT OPTIONS

Option 1: Full Qualification

Three payments apply to full qualifications only (refer to your quotation).

1st Payment with enrolment

2nd Payment within four months

3rd Payment within eight months

Discount will apply to full settlement of account by enrolment

Option 2: Module / Skills Programme

Full payment **PRIOR** to commencement apply to skills programmes / individual modules (refer to your quote).

All prices include the training, assessment, one re-assessment per module / skills programme, venue, refreshments and certification.

Unforeseen circumstances may necessitate change in dates, time, venue and facilitator.

Khulisane Academy reserves the right to postpone a programme. Applicants will be informed and alternative arrangements will be agreed upon.

Deposit / Cheque Payment

Account holder: Khulisane Academy
 Bank details: ABSA Bank
 Branch name: Centurion
 Branch code: 632005
 Account number: 4059109829
 Reference: Use Surname and ID number (**Compulsory**)

KHULISANE ACADEMY DETAILS

Post or fax your enrolment with documents to:

P. O. Box 60559
 Pierre van Ryneveld
 0045

Email: info@khulisane.com
 Website: www.khulisane.com
 Fax: 086 693 3918

I hereby confirm that the information supplied on this form are correct and that I have read and agree to the conditions stipulated on this enrolment form. I accept personal responsibility for payment of the relevant fees as and when required.

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Signature:

Date:

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Signature of person responsible for payment:

Date:

OFFICE USE:

Client account number:

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Sales Person:

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Vendor number:

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Order number:

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Invoice number:

I	N						
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Part of a group booking Yes No

LEARNER AGREEMENT

As a learner registering with the Academy, it is expected that you understand the rules governing the relationship between you and the Academy. This agreement below set out this relationship.

Before your registration will be accepted, you are required to sign and date this agreement and attach it to your registration form. (Please make a copy for your own records).

1. It is your responsibility to ensure that you are properly prepared for the assessments. You should remember that for each credit allocated to a programme, it takes you approximately 10 learning hours (notional hours). Notional hours include work experience, reading and studying, attending classes and contact sessions, doing assessments and preparing for assessments.

2. General conditions for all learners:

- a. I accept my full responsibility to check the time table for classes and assessments and venue allocations well in advance and to ensure that I am familiar with the venue and its location. I will not hold the Academy responsible for my late arrival at a venue as a result of venue and/or timetable changes that might occur from time to time as a result of circumstances beyond the control of the Academy.
- b. I accept my full responsibility to ensure that the Academy is in possession of my current contact details.
- c. I accept that the Academy uses e-mail circulars as its main means of immediate communication, followed by the website, followed by facilitators and in the last resort, by the postal system.
- d. I accept that I need to behave respectfully while on the training site and that:
 - No cellular telephones will be allowed during lectures.
 - No eating, drinking, smoking or other refreshments will be allowed in classes.
 - No late arrival at class / contact sessions
- e. I accept that for the duration of the programme, I will assume any and all risks pertaining thereto, and release Khulisane Academy and / or its officials, officers and all other personnel from any and all liability whatsoever for any injuries, damages and claims that I may sustain in any way during the course of the said programme and / or any claim(s) that my heirs or dependents may have, arising from the programme.

3. Assessment agreement

- a. I understand that by scheduling myself for assessment on the agreed date and time above, I commit to the completion of my assessment.
- b. I understand that for non-attendance or failure to submit my portfolio as per above agreed date that it will cost me / my company R1125 excl VAT should I fail to notify Khulisane two weeks prior to above date.
- c. I understand that I will be charge a fee of R550 excl VAT for the second and final re-assessment per module / skills programme.
- d. I accept that a maximum of 6 months are allowed for completion of a module / skills programme and if I fail to complete the module / skills programme in the said period, I will have to formally apply for RPL at a cost. No refunds will apply.
- e. I accept that Khulisane is under no obligation to send back my Portfolio of Evidence (POE) after verification and certification. I will contact Khulisane on receipt of my certificate to make arrangements for obtaining my POE at my own account.

4. Occupational Health and Safety

- a. I have read and understand Annexure A with regards to Occupational Health and Safety (included in this form).

I understand that by failing to comply with this agreement will result in an immediate termination and I will be fully liable for all outstanding fees.

Signature:

Date:

FOR YOUR OWN SAFETY PLEASE NOTE THE FOLLOWING EMERGENCY INSTRUCTIONS

1. Visitors

- a. Please sign our Visitors Register during your stay within Khulisane Academy.

2. Baggage / Equipment / Your car

- a. All baggage / equipment / your car will be brought into the Khulisane Academy premises on your own risk.
- b. No firearms or self-defence weapons of any kind will be allowed on the Khulisane Academy premises.
- c. Please co-operate with our staff if requested to do so.

3. Smoking

- a. Smoking is only allowed in designated areas.
- b. Please check with your host.

4. Evacuate alarm - continuous alarm sounds / whistle

- a. Evacuate at once.
- b. Your host will assist you.
- c. Use the staircase/s and emergency door/s

5. Emergencies / Incidents

- a. In an emergency situation please follow instructions given by your host, fire wardens and staff.
- b. On hearing the fire alarm / whistle, please evacuate the building.
- c. Use the staircase/s and emergency door/s.
- d. Gather at the assembly area.
- e. Don't re-enter the building until told to do so by the fire wardens or staff.

6. In case of emergency / incident / medical help / first aid

- a. Please dial X 213 OR 087 751 3576 (OHS Representative).
- b. Please dial X 215 OR 071 031 7701 (Replacement OHS Representative).
- c. Your host will also assist you.

7. Assembly point

- a. Proceed using the nearest emergency exit and assemble at the assembly area.

REQUEST FOR INVOICE

This form has been designed to capture information about Clients for Admin and Invoice purposes. Please complete ALL the required detail.

Client NR	
New Client	

<i>Invoice Delivery Date :</i>	ASAP
<i>Full Company Name :</i>	
<i>Company Registration Nr :</i>	
<i>Are you registered for VAT?</i>	
<i>VAT Reg Number :</i>	
<i>Purchase Order Number :</i>	
<i>Financial Authority Number :</i>	
<i>Postal Address :</i>	
<i>Physical Address :</i>	
DETAILS OF PERSON RESPONSIBLE FOR PAYMENT:	
<i>Contact Person :</i>	
<i>Work Tel Number :</i>	
<i>Cellphone Number :</i>	
<i>Fax Number :</i>	
<i>E-Mail Address :</i>	(always insert)

INVOICE DETAILS :

<i>Description of Service :</i>	
<i>Quantity :</i>	
<i>Unit Price (Excl. VAT) :</i>	
<i>TOTAL PRICE (Excl. VAT) :</i>	

CHOICE OF INVOICE DELIVERY :

<i>E-mail :</i>	YES
<i>Fax :</i>	
<i>Statement attached :</i>	
<i>Original :</i>	YES

GENERAL COMMENTS :

<i>Sales Person :</i>	
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