

SKILLS TRAINING CENTRE

REGISTRATION FORM

PASTE
ID PHOTO
HERE

COURSE	BASIC ELECTRICAL	COURSE CODE	
START DATE		END DATE	
DURATION	4 Weeks	DAYS : Mon - Fri	TIMES: 09h00-16h00
REGISTRATION DATE			

NAME/S			
SURNAME			
ADDRESS			
ID/PERMIT NUMBER		PERMIT EXPIRY DATE	
EMAIL ADDRESS		NATIONALITY	
CONTACT # (LANDLINE)		CELL	

**BELOW, CLEARLY PRINT YOUR NAME/S IN BOLD AND IN YOUR OWN WRITING.
THIS IS THE NAME/S THAT WILL APPEAR ON YOUR CERTIFICATE.**

<i>NAME AND CONTACT NUMBER OF A RELATIVE OR FRIEND, LIVING WITH OR NEAR TO YOU.</i>			
NAME		SURNAME	
TEL NUMBER/S		RELATIONSHIP	

Are you currently working?	YES	NO
If YES, are you applying for special leave to attend the course?	YES	NO

Do you have any other experience in this field?	YES	NO		
If YES, what does it entail?				
Have you attended any other course at CAFDA?				
How did you hear about the course?	Website	Newspaper	Word of mouth	Other _____

Together we'll make it better

TERMS & CONDITIONS**IMPORTANT, PLEASE NOTE**

- Registration forms must only be handed in as soon as any payment is made.
- The course fees must be paid on the day of registration **and** must be fully paid before the class starts.
- If you are not fully paid when the course starts, you will be placed on the list for the following course.
- Acceptance of these terms and conditions, you commit to the training times from 09h00 until 15h00, Monday to Friday for the duration of the course.
- Should you wish to cancel your registration, a R100-00 cancellation fee shall be applicable.
- No refunds will be paid out to persons who attended classes for more than a week.
- Should any refunds be made, CAFDA will only transfer such payment into a bank account, of which such details must be provided by the trainee.
- Upon registration, please supply us with:
 - 2 x ID photos
 - 2 x copies of your ID
 - 2 x copies of your permit, if applicable. (A charge of R1-00 for any copies made by CAFDA.)

Office use(check box)

- Clearly print your name and surname in the space provided on the reverse page. This is how it will appear on your certificate. Please **double check** the spelling as any mistakes would be corrected at a cost of R50-00 per certificate.
- CAFDA only supplies aprons, welding goggles/glasses, welding shields and gloves. This remains the property of CAFDA. All other protective wear must be supplied by the trainee.
- Bring along a book and pen from the first day of class, for taking notes.
- Direct deposit into the CAFDA bank account :

Bank: :STANDARD BANK
 ACC Name :CAFDA (CAPE FLATS DEVELOPMENT ASSOCIATION)
 ACC # : 071786759
 Branch :KROMBOOM
 Branch Code : 025309
 REF# : ELECTRICAL (and your Name & Surname)
 Please email us proof of payment to cdpractitioner@cafda.co.za or fax (021) 706 0765.

I, _____ (Print) _____ (Sign), hereby declare, that:

- *I have read the TERMS & CONDITIONS, as stated above,*
- *I understand them,*
- *The information I supplied are correct and truthful.*

Signed at Grassy Park, on this _____ day of _____ 20__.

For office use:

COURSE FEES PAID	R	REC #		DATE	
COURSE FEES PAID	R	REC #		DATE	
COURSE FEES PAID	R	REC #		DATE	
2 X ID PHOTOS		2 COPIES OF ID		2 COPIES OF PERMITS	
INVOICED BY		DATE			
FACILITATOR		DATE CHECKED		SIGN	
CDA		DATE CHECKED		SIGN	