



EKURHULENI ARTISANS & SKILLS TRAINING CENTRE

Our Physical Address: 43B Maxwell Street, Kempton Park, 1619
F: <https://www.facebook.com/EkurhuleniArtisansSkillsTrainingCentre>

T: 011 394 1488 C: 082 605 1134 T: 011 970 3082/3/4/5
F: 011 394 3154 E: queries@eastc.co.za

asda
ARTISANS SKILLS DEVELOPMENT AGENCIES

VAT Reg. No.: 4690234879
Company Reg. No.: 2009/006532/07

ENROLMENT FORM

(Submit three weeks before you start)

Invoice No: Student No: Consultant:

Course Information:

Method of Payment: Cash: Deposit: EFT:

Starting Date:

Student Information: Surname:

First Names:

ID Number:

Postal Address:

Code:

Home Address:

Code:

Telephone No :(H) (W): Cell:

Standard of Education:

Spouse or family member: Surname:

First names:

Telephone No : (W): Cell:

Company Information: Approved by: Initial: Surname:

Position:

Email Address:

Company Name:

Company Reg No:

Company Vat No:

Postal Address:

Code:

Physical Address:

Code:

Telephone No :(W) (F): Cell:

ENROLMENT POLICIES AND PROCEDURES

COMPANIES AND PRIVATE STUDENTS

- * Enrolment forms must be completed and returned before course can start
- * Full payment must be confirmed before course can start
- * NO REFUNDS (In case of refunds a 10% handling fee will apply)

ENROLMENT FORM Continued...

- * Students are expected to attend a minimum of 70% of the classes otherwise they will be asked to repeat the course at their own cost.
- * If the company is paying for the course, the HR Dept or Manager in charge of the student will be notified accordingly.

FREE NEEDS WITH ALL COURSES:

Overall + T shirt
 Safety Shoes
 Course Needs

Training will be conducted at own risk

Under no circumstances will courses be changed after commencement (Signature) _____
 I want you to send my contact details to the Labour Brokers to enable me to get a Job

I _____ (Print full names and surnames)
 have read and understand the above terms and conditions and will adhere to them.

YES		NO	
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I	COMPLETE IF COMPANY APPROVED
Student Name _____ And we _____	Approved by: _____ (Print Initials and Surname)
The sponsoring Company (Where applicable) _____ Hereby agree to be jointly and severally liable for the total fee. I/We further agree that failure to attend lectures will not deduct my/our responsibility for the fees for the full course.	(Print Position) _____ Invoice for the attention of: _____
Cancellations within 10 working days prior to course commencement date will incur a cancellation fee to the value of 50% of course fee Student Signature: _____	Signature: _____
Date: _____	Company Stamp: _____

**NO CASH PAYMENTS ACCEPTED
 ONLY BANK DEPOSIT SLIPS AND PROOF OF EFTs**

Bank Details:
 Ekurhuleni Artisans & Skills
 Training Centre
Bank: FNB
Branch: Woodbridge
Account No: 62139090287
Branch Code: 205609

OR

Bank Details:
 Ekurhuleni Artisans and
 Skills Training Centre
Bank: ABSA
Branch: Central Avenue
Account No: 40-6627-8520
Branch Code: 632005

USE ID NUMBER AS REFERENCE

**Fax enrollment form, copy of student ID
 and deposit slip to 011 394 3154**