

REGISTRATION FORM

SECTION 1: PERSONAL DETAILS

First Name: _____ Surname: _____
 ID Number: _____ *(ID COPY TO BE ATTACHED)*
 Race: White: African: Coloured: Indian:
 Gender: Male: Female: Home Language: _____
 Highest qualification attained: _____ Signature: _____

SECTION 2: COMMUNICATION DETAILS

Work no: _____ Home no: _____
 Cell no: _____ Fax no: _____
 E-mail: _____
Postal address – for all correspondence : _____
 _____ Code: _____
 Employer Name: _____ Contact no: _____
 Employer Address: _____ Suburb: _____

!!!! REGISTRATION FEE IS NOT REFUNDABLE!!!!

SECTION 3: PROGRAM DETAILS: Please indicate with a the qualification you are registering for:

<u>QUALIFICATIONS</u>	<u>NQF LEVEL</u>	<u>TERM</u>	<input checked="" type="checkbox"/>
• National Diploma: Policing	6	1 Year	<input type="checkbox"/>
• National Certificate: Traffic Management	5	1 Year	<input type="checkbox"/>
• National Certificate: Paralegal Practice	5	1 Year	<input type="checkbox"/>
• National Certificate: Close Protection	5	1 Year	<input type="checkbox"/>
• Forensic Investigation		Distance	<input type="checkbox"/>
• Private Investigator		Distance	<input type="checkbox"/>

SIGNATURE OF LEARNER: _____ **Date:** _____