



SASSETA ACCREDITATION NO: 071 907 005 906

Website address: [www.hjntraining.co.za](http://www.hjntraining.co.za)

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## REGISTRATION FORM: PROVIDER LEARNERS

PROVIDER NAME  
AND BRANCH: \_\_\_\_\_

DATE: \_\_\_\_\_

### SECTION 1: PERSONAL DETAILS

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_ (COPY TO BE ATTACHED)

Race: White:  African:  Coloured:  Indian:

Gender: Male:  Female:

Home Language: \_\_\_\_\_

Highest qualification attained: \_\_\_\_\_ Signature: \_\_\_\_\_

### SECTION 2: COMMUNICATION DETAILS

#### Your contact numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Postal address – for all correspondence : \_\_\_\_\_

Suburb: \_\_\_\_\_

### SECTION 3: PROGRAM DETAILS

Please indicate with a  $\checkmark$  the qualification you are registering for:

National Certificate: Resolving of Crime NQF Level 5

National Certificate: Close Protection NQF Level 5

PLEASE SUBMIT THE FOLLOWING WITH REGISTRATION FORM:

- Copy of ID
- Copy of Matric Results

SIGNATURE OF LEARNER: \_\_\_\_\_

#### BANKING DETAILS:

Account Name: HJN Training  
Bank: ABSA , ACB Code 632005  
Branch: Mall@Reds  
Account Nr: 405 169 812 3