

COURSE NAME: COURSE

 START DATE:

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YOUR DETAILS
 Identity Number/Passport Number:

 Date of Birth:

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Surname:

Full Names:

Preferred Firstname:

 Initials:

 Gender: Male ☐ Female ☐ Title: Ms ☐ Mr ☐ Other:

YOUR CONTACT DETAILSPhysical Address:

City:

Country:

 Code:

Postal Address:

(If not the same as physical address)

City:

Country:

 Code:

Email Address:

 Work Phone:

 Please tick if you **WANT** to receive any promotional material of upcoming courses in the future ☐

 Home Phone:

 Preferred method of correspondence ☐ SMS ☐ E-MAIL

 Cell Phone:

 Where did you hear about us? ☐ Advertisement ☐ Web

☐ Brochure ☐ Word of mouth
YOUR QUALIFICATIONS
 Highest Academic qualification: ☐ Grade 12 ☐ Diploma ☐ Degree ☐ Post-graduate Degree Year Completed:

 Membership of Professional Association/Body:

 Registration Number:

 (if applicable)
YOUR EMPLOYER/OCCUPATIONAL DETAILS Company/Institution Name:

Occupation/Job Title:

 Work Phone:

 Company VAT nr:

Physical Address:

City:

Country:

 Code:

Postal Address:

(If not the same as physical address)

City:

Country:

 Code:

RESPONSIBLE FOR PAYMENT:
☐ Self ☐ Employer

(Please complete the contact details below if you ticked Employer)

 Contact details of the person we can contact for payment: Name and Work Phone:

surname:

Email Address:

I hereby confirm that the information supplied on this form is correct and that I have read and agree to the conditions stipulated on the reverse side of this enrolment form. I accept personal responsibility to ensure payment of the relevant fees before commencement of the course.

Signature:

Date:

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This enrolment form is subject to the terms and conditions as set out in the G&A Compass Enrolment Terms and Conditions as attached.

 If you have any enquiries please contact
 Pamela on pamela@gnacompass.co.za
 Or visit our website: www.gnacompass.co.za