

Course name	Course date	Method	Amount per learner
		ONLINE TRAINING	R

**DELEGATE INFORMATION**

Learner Full Name	Surname	ID Number	Cell	Email

**ORGANISATION RESPONSIBLE FOR ACCOUNT**

Organisation:

Directorate	Postal Address	VAT number	Order number

**TRAINING COORDINATOR**

Name & Surname:

Cellphone:	Email:	Email invoice to:

**TERMS AND CONDITIONS**

1. Accurately complete this form in full
2. Email your fully completed form, signed quotation and proof of payment/copy of official government order to: info@pscollege.co.za
3. If you do not receive a receipt of registration within 24 hours, please contact us on email: register@pscollege.co.za or phone 012 346 6589
4. Group training will be confirmed once payment or official government order are received.
5. Postponements/Cancellations must be done no later than 5 working days before the course starts. A cancellation fee will be levied for costs incurred.
6. Pro-Active College reserves the right to change the presentation, content or facilitator for a course.
7. Late submission fees will be payable for portfolios submitted late or without prior arrangement or approval
8. It is the responsibility of the customer to ensure all learners comply with the minimum requirements to attend the programme

**PBK:** \_\_\_\_\_  
for office use

**APPROVAL OF COURSE REGISTRATION**

I, the undersigned approving authority, hereby declare that: (1) I have read and understand all the terms and conditions of this registration; (2) all the information provided in the Course Registration Form is true, correct and complete; and (3) I studied the course outline and comply with the minimum entry requirements to attend this programme (4) I have the necessary authority to approve this course registration. I further accept responsibility for full payment of the registration fee, without prejudice.

Name & Surname: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Email: \_\_\_\_\_