

Tel: 012 346 6589 | www.proactivecollege.co.za

Email: register@pscollege.co.za

CSD: MAAA0000293

How to register

1. Accurately complete this form in full and in block letters.
2. Email your fully completed form, copy of ID and proof of payment/government order to confirm your registration.
3. If you do not receive a receipt of registration within 24 hours, please contact us on email: register@pscollege.co.za

Payments

4. We accept the following methods of payments: Credit card, EFT, bank deposits, cash or government orders.
5. Banking details: Pro-Active Public Services College (Pty) Ltd, Nedbank Branch: Business Pretoria (149-745) Account: 149 721 7709
6. Pro-Active College reserves the right to refuse admission where proof of payment or a government order cannot be shown.

Cancellations/Postponements

7. Cancellations/Postponements/Substitute learners must be done in writing to: register@pscollege.co.za.
8. Cancellations/postponements must be done no later than 5 days before a course starts. A cancellation fee will be levied for cancellations/postponements received later than 5 days prior to the course to cover costs incurred.
9. In the case of cancellation or postponement of a course, Pro-Active College will not be liable for any incidental costs such as accommodation or travel costs that were incurred by a client in relation to the intended course.

Miscellaneous

10. Pro-Active College reserves the right to change the presentation, content or facilitator for a course.
11. Late submission fees will be payable for portfolios submitted late or without prior arrangement or approval
12. Learners are responsible for their own travel and accommodation arrangements, as well as all incidental costs such as telephone calls, drinks, room service, food (except for lunches provided), etc.



In line with the Protection of Personal Information (POPI) Act (No 4 of 2013), Pro-Active Public Services College declares that the institution is required to supply learner information to regulatory bodies (for example SETAs, QCTO, DHET; and will not distribute learner data to any party other than that required by law or regulation.

Course			
Course date			
Venue		Amount	
Learner information			
Title		Gender	
Full Names			
Surname			
ID (attach a copy)			
Job Title			
Dietary		Disability	
Cellphone			
Email			
Organisation responsible for account			
Organisation			
Directorate			
Postal Address			
VAT number			
Order no			
Email invoice to			
Training Coordinator			
Name & Surname			
Cell			
Email			
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. Click here to accept T&C:			
Name & Surname			
Job Title			
Signature			