## **REGISTRATION FORM**



Email: register@pscollege.co.za

CSD: MAAA0000293 | Tel: (012) 346 6589

|  |   |            |                      |        | • • • • • • |                  |                      |  |  |  |  |
|--|---|------------|----------------------|--------|-------------|------------------|----------------------|--|--|--|--|
| Programme Details:   |   |            |                      |        |             |                  |                      |  |  |  |  |
| Occupational Certificate Training and Development Practitioner |   |            |                      |        |             |                  |                      |  |  |  |  |
| Course   | (SAQA ID: 101321   NQF Level 5   190 credits) |            |                      |        |             |                  |                      |  |  |  |  |
| Module 1: Learning and Development Facilitator                 |   |            |                      |        |             |                  | 11 – 15 March 2024   |  |  |  |  |
| Module 2: Assessment Practitioner                              |   |            |                      |        |             | 13 – 16 May 2024 |                      |  |  |  |  |
| Module 3: Skills Development Practitioner                      |   |            |                      |        |             | 15 -19 July 2024 |                      |  |  |  |  |
| Module 4: Work Based Learning & Development Practitioner       |   |            |                      |        |             | 9 – 13 Sept 2024 |                      |  |  |  |  |
|  | Learning and Development Manager              |            |                      |        |             |                  | 11 – 15 Nov 2024     |  |  |  |  |
| Venue  | Pretoria                                      |            | R 54 420 per learner |        |             |                  |                      |  |  |  |  |
|  |   | Lear       | ner                  | 1 Deta | ails        |                  |                      |  |  |  |  |
| Title  |   | Disability |                      |        | u115        | Dietary          |                      |  |  |  |  |
|  |   | Disability |                      |        |             | Dictary          |                      |  |  |  |  |
| First Name(s)  |   |            |                      |        |             |                  |                      |  |  |  |  |
| Surname  |   |            |                      |        |             |                  |                      |  |  |  |  |
| ID number  |   |            |                      |        |             |                  | **Please attach      |  |  |  |  |
| (Attach copy of ID)  |   |            |                      |        |             |                  | certified copy of ID |  |  |  |  |
| Job title  |   |            |                      |        |             |                  |                      |  |  |  |  |
| Cell   |   |            |                      | Email  |             |                  |                      |  |  |  |  |
| Cen  |   |            |                      |        |             |                  |                      |  |  |  |  |
|  |   | Lear       | ner                  | 2 Deta | ails        |                  |                      |  |  |  |  |
| Title  |   | Disability |                      |        |             | Dietary          |                      |  |  |  |  |
| First Name(s)  |   |            |                      |        |             |                  |                      |  |  |  |  |
| Surname  |   |            |                      |        |             |                  |                      |  |  |  |  |
| ID number  |   |            |                      |        |             |                  | **Please attach      |  |  |  |  |
| (Attach copy of ID)  |   |            |                      |        |             |                  | certified copy of ID |  |  |  |  |
| Job title  |   |            |                      |        |             |                  |                      |  |  |  |  |
| Cell   |   |            |                      | Email  |             |                  |                      |  |  |  |  |
|  |   | Lear       | ner                  | 3 Deta | ails        |                  |                      |  |  |  |  |
| Title  |   | Disability |                      |        |             | Dietary          |                      |  |  |  |  |
| First Name(s)  |   |            |                      |        |             |                  |                      |  |  |  |  |
| Surname  |   |            |                      |        |             |                  |                      |  |  |  |  |
| ID number  |   |            |                      |        |             |                  | **Please attach      |  |  |  |  |
| (Attach copy of ID)  |   |            |                      |        |             |                  | certified copy of ID |  |  |  |  |
| lob title  |   |            |                      |        |             | <u></u>          | <del></del>          |  |  |  |  |

| Cell  |  |              | Email            |        |           |    |  |  |  |
|---|--|--------------|------------------|--------|-----------|----|--|--|--|
|   | Organ  | isation Resp | onsible          | for Pa | avme      | nt |  |  |  |
| Company /<br>Organisation   | 0 · 9u   |              |                  |        | · · · · · |    |  |  |  |
| Directorate   |  |              |                  | VAT    |           |    |  |  |  |
| Postal<br>Address   |  |              |                  |        |           |    |  |  |  |
| Order number  |  |              | Ema<br>invoice t |        |           |    |  |  |  |
|   |  | Training (   | o-Ordir          | nator  |           |    |  |  |  |
| Name & Surna  | ame  |              |                  |        |           |    |  |  |  |
| Er  | mail   |              |                  |        | Cell      |    |  |  |  |
| WORKPLACE AGREEMENT INFORMATION  Candidates who wish to register for this qualification, must be employed in the field as their employer needs to sign a workplace agreement.   |  |              |                  |        |           |    |  |  |  |
| Employer  |  |              |                  |        |           |    |  |  |  |
| Physical address where you will be doing your workplace experience  |  |              |                  |        |           |    |  |  |  |
| Contact name  |  |              |                  |        |           |    |  |  |  |
| Email   |  |              | Ce               | ell    |           |    |  |  |  |
|   |  | Terms and    | d Condi          | tions  |           |    |  |  |  |
| 9. Accurately complete this 10. TO REGISTER: Er proof of payment/goverr do not receive a receipt of us on email: register@pscollege 11. We accept the for SnapScan, Credit card, EF 12. Banking details: Nedbank Branch: Busines Account: 149 721 7709  | <ol> <li>Pro-Active College reserves the right to refuse admission where proof of payment or a government order cannot be shown.</li> <li>Cancellations/Postponements/Substitute learners must be done in writing (no later than 10 days before the course) to: register@pscollege.co.za.</li> <li>A cancellation fee may be applicable for costs incurred.</li> <li>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.</li> <li>Pro-Active College reserves the right to change the presentation, content or facilitator for a course.</li> </ol> |              |                  |        |           |    |  |  |  |
| 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. |  |              |                  |        |           |    |  |  |  |
| Nam   | e & Surname  |              |                  |        |           |    |  |  |  |
|   | Job Title  |              |                  |        |           |    |  |  |  |
|   | Signature  |              |                  |        |           |    |  |  |  |

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.