



Occupational Certificate: REGISTRATION FORM

Email: register@pscollege.co.za

CSD: MAAA0000293 | Tel: (012) 346 6589

Programme Details:				
Occupational Certificate				
Venue		Amount		
Learner 1 Details				
Title		Disability		Dietary
First Name(s)				
Surname				
ID number <small>(Attach copy of ID)</small>	**Please attach certified copy of ID			
Job title				
Cell		Email		
Learner 2 Details				
Title		Disability		Dietary
First Name(s)				
Surname				
ID number <small>(Attach copy of ID)</small>	**Please attach certified copy of ID			
Job title				
Cell		Email		
Learner 3 Details				
Title		Disability		Dietary
First Name(s)				
Surname				
ID number <small>(Attach copy of ID)</small>	**Please attach certified copy of ID			
Job title				
Cell		Email		

Organisation Responsible for Payment

Company / Organisation			
Directorate		VAT	
Postal Address			
Order number		Email invoice to	

Training Co-Ordinator

Name & Surname			
Email		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		Cell	

Terms and Conditions

- | | |
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| <ol style="list-style-type: none"> 1. Accurately complete this form in full and in block letters. 2. TO REGISTER: Email your fully completed form, copy of ID and proof of payment/government order to: register@pscollege.co.za. If you do not receive a receipt of registration within 24 hours, please contact us on email: register@pscollege.co.za 3. We accept the following methods of payments: Zapper, SnapScan, Credit card, EFT or government orders. 4. Banking details: Pro-Active Public Services College (Pty) Ltd, Nedbank Branch: Business Pretoria (149-745) Account: 149 721 7709 | <ol style="list-style-type: none"> 5. Pro-Active College reserves the right to refuse admission where proof of payment or a government order cannot be shown. 6. Cancellations/Postponements/Substitute learners must be done in writing (no later than 10 days before the course) to: register@pscollege.co.za. A cancellation fee may be applicable for costs incurred. 7. 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. 8. Pro-Active College reserves the right to change the presentation, content or facilitator for a course. |
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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	

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.