



| Workshop | Date | Venue/Online | Amount |
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| Learner | Title | | Disability | | Dietary | |
| | First Name(s) | | | | | |
| | Surname | | | | | |
| | ID number | | | | | |
| | Job title | | | | | |
| | Cell | | Email | | | |

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| Payment | Company / Organisation | | | | |
| | Postal Address | | | | |
| | Order number | | Email invoice to | | |

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 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. | <ol style="list-style-type: none"> 7. A cancellation fee may be applicable for costs incurred. 8. 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. 9. Pro-Active College reserves the right to change the presentation, content or facilitator for a course. <p>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.</p> |
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APPROVAL OF WORKSHOP 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 workshop outline and comply with the minimum entry requirements to attend this workshop (4) I have the necessary authority to approve this registration. I further accept responsibility for full payment of the registration fee, without prejudice.

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|---------------------------|--|
| Name & Surname | |
| Job Title | |
| Signature | |