LEARNER ENROLLMENT FORM

COURSE NAME	
ENROLLMENT DATE	

LEARNER DETAILS

ID No	
Surname	
First Name	
Initials	
Title	
Date of Birth	
Gender	
Home Language	
Province	
Region	
Nationality	
Citizenship Status	
Equity	
Disability Status	
Special Needs	
Employed or Unemployed	

ACADEMIC RECORD

Highest Qualification	
Main Subjects	

LEARNER CONTACT DETAILS

Telephone	
Cell Phone	
Fax	
eMail	
Preferred Method of Communication	
Residential Address	
Postal Address	

EMERGENCY CONTACT DETAILS

Name & Surname	
Telephone	
Cell Phone	

NEXT OF KIN CONTACT DETAILS

Name & Surname	
Relationship	
Telephone	
Cell Phone	
Residential Address	

EMPLOYER DETAILS

Employer	
Direct Supervisor	
Telephone	
Cell Phone	
eMail	

ADDITIONAL COURSES

Courses Interested In	
How Did You Hear About Us	

PAYMENT DETAILS

Person Responsible	
Telephone	
eMail	

ACCOMMODATION BOOKING

Please indicate: Single	
Sharing	
No Accommodation	

SIGNATURE of Person Responsible for Payment	

SIGNATURE of Learner	