

# Course Enrolment Form



A City & Guilds Group Business

Please complete this form in full and send to [info@assessmentcollege.com](mailto:info@assessmentcollege.com) and copy [workshops@assessmentcollege.com](mailto:workshops@assessmentcollege.com)

**LEARNER - WHO IS PAYING THE ACCOUNT - PLEASE TICK**  Myself  My company

<b>Surname</b>		<b>Full Names</b>	
<b>Candidate ID Number</b>		<b>Candidate E-mail Address for confirmation letter</b>	
<b>Candidate Cell Number</b>		<b>Company Name (if applicable)</b>	
<b>Company Postal Address and Postal Code</b>		<b>Company Tel. No. and Dialling Code</b>	
<b>Person responsible for payment of the invoice and E-mail Address</b>		<b>E-mail of person in Co. to receive confirmation letter</b>	
<b>Company VAT Registration No. (if applicable)</b>		<b>Company Order Number (if applicable)</b>	
<b>Dietary Requirements (We only cater for Halaal or vegetarian) Classroom training</b>		<b>Do you have any disability or special need? If so, please specify?</b>	

Workshop Name	Workshop Date	Kindly select the preferred learning option with an (X)		
		Classroom-based full time	Blended Hybrid full time	Distance part time
Conduct Outcomes-based Assessment (US 115753)				
Conduct Moderation of Outcomes-based Assessments (US 115759) <b>(please attach proof of assessor statement of results)</b>				
Facilitate Learning using a Variety of given Methodologies (US 117871)				
Learning Programme / Material Design and Development (US 123394 and US 123410)				
Assessment Design and Development (US 115755)				
Learning Programme / Material and Assessment Designer and Developer (US 123394, US 123401 and US 115755)				
Skills Development Facilitator (SDF) (15227, 252041, 15221, 15217, 15232, 15228, 15218)				
National Certificate: ODETDP NQF level 5				

National Diploma: ODETDP NQF level 5				
National Certificate: ODETDP NQF level 6				

**Important information pertaining to the course:**

- Course confirmations will be sent to the delegate in the week prior to the commencement of the course upon receipt of POP.
- Please ensure this form is completed in full with all the necessary invoice details.
- If this form is not signed by the Superior/Manager who enrolls the delegate, the delegate will not be registered on the workshop unless the delegate is a private individual.
- Assessment College cannot be held liable for any losses or damage to property brought to any of their workshop venues.
- Assessment College cannot be held liable for any injuries, loss or damages occurring at any of its workshop venues.

**PAYMENT METHOD**

Fees to be deposited into our bank account:

Assessment College (Pty) Ltd  
 ABSA  
 Branch Code 632002  
 Account No. 4108888186

***Please use the **invoice no.** in the reference block on the deposit slip and send a copy of the Proof of Payment to [workshops@assessmentcollege.com](mailto:workshops@assessmentcollege.com) prior to the workshop.***

Signature of Candidate	Name and Signature of Manager
Date	Date