

# Course Enrolment Form



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

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) <i>(please attach proof of assessor statement of results)</i>				
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