

## Course Enrolment Form

TO SECURE YOUR PLACE AT THIS COURSE – PLEASE COMPLETE THE FOLLOWING			
Company Name	:		
Postal Address	:	Code	:
Telephone No	:	Fax No	:
Course	:		
Date Start	:		:
Person responsible for payment	:	Telephone Number	:
	:	Email Address	:
VAT Number	:	Purchase/Order Number	:
<b>Please Note:</b> <i>The fee for attending this course includes lunches, refreshments and detailed course material.</i>			
Delegate Name	Direct Telephone Number	Email Address	Designation
1			
Dietary Requirements :			
2			
Dietary Requirements :			
3			
Dietary Requirements :			
4			
Dietary Requirements :			
5			
Dietary Requirements :			
6			
Dietary Requirements :			
7			
Dietary Requirements:			
8			
Dietary Requirements :			
9			
Dietary Requirements :			

**PAYMENT POLICY, TERMS AND CONDITIONS – PLEASE READ CAREFULLY**

This enrolment form does not serve as confirmation of your booking. Your booking will only be confirmed once we receive a proof of payment.

**Cancellation Policy:**

- Full refund for cancellations 14 or more days prior to course.
- 50% Refund or rescheduling of Course if cancellation takes place less than 14 days prior to course.
- 25% Refund or Rescheduling of Course with a Penalty Fee of 20% of the full price of the course if Cancellation takes place in less than 7 days prior to course.
- 0% Refund or Rescheduling of Course with a Penalty Fee of 50% of the full price of the Course if Cancellation takes place in less than 3 days prior to course.
- Candidates who cannot complete the course due to circumstances beyond their control, i.e. illness or death of an immediate family member, can reschedule to attend another course provided that it is within the 12 month period from the date of Payment.
- Once a booking has been accepted in writing by us, cancellation terms apply.
- The full price will be charged for non-attendance of course without any prior cancellation.

**Authorisation:**

The signatory must be authorized to sign on behalf of the Stated Company. I acknowledge that I have read and fully understand the payment policy, terms and conditions and accept these as such.

**Authorised by:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

<u>DATE RECEIVED</u>	<u>INVOICE NUMBER</u>	<u>AMOUNT PAID</u>	<u>Enrolment Number</u>

Please fax back to +27 0866159279

**Contact**

For further information please contact:

**Addresses**

SA Career Focus  
P O Box 14138  
Lyttelton  
0140

Email: [training@sacareerfocus.co.za](mailto:training@sacareerfocus.co.za)  
Web: [www.sacareerfocus.co.za](http://www.sacareerfocus.co.za)

**Telephone Numbers**

**Centurion**

Tel: +27 (12) 664-2000 Fax: +27 0866159279