



EKURHULENI

ARTISANS AND SKILLS TRAINING COLLEGE

Our Physical Address: 43B Maxwell Street, Kempton Park, 1619
<https://www.facebook.com/EkurhuleniArtisansSkillsTrainingCentre>

T: 011 394 1488 C: 082 605 1134 T: 011 970 3082/3/4/5
 F: 011 394 3154 E: queries@eastc.co.za

VAT Reg. No.: 4690234879
 Company Reg. No.: 2009/006532/07

ENROLMENT FORM

(Submit one week before you start)

| | | |
|-------------|-------------|--------------------------|
| Invoice No: | Student No: | Consultant: EASTC |
|-------------|-------------|--------------------------|

| | |
|---------------------|--|
| Course Information: | |
|---------------------|--|

| | | | |
|--------------------|-------|----------|------|
| Method of Payment: | Card: | Deposit: | EFT: |
|--------------------|-------|----------|------|

| | |
|----------------|----------------|
| Starting Date: | Starting Date: |
|----------------|----------------|

| | | |
|----------------------|-----------------|-------|
| Student Information: | Surname: | |
| | First Names: | |
| | ID Number: | |
| | Postal Address: | |
| | | Code: |

| | |
|---------------|-------|
| Home Address: | |
| | Code: |

| | | |
|-------------------|------|-------|
| Telephone No: (H) | (W): | Cell: |
|-------------------|------|-------|

| | |
|----------------|--|
| Email address: | |
|----------------|--|

| | | | |
|--------------------------|----------|-----------|----------|
| (optional) Social Media: | Facebook | Instagram | Twitter: |
|--------------------------|----------|-----------|----------|

| | |
|------------------------|--|
| Standard of Education: | |
|------------------------|--|

| | | |
|--------------------------|-------------------|------|
| Spouse or family member: | Surname: | |
| | First Names: | |
| | Telephone No: (H) | (W): |

| | | | |
|----------------------|-----------------|----------|----------|
| Company Information: | Approved by: | Initial: | Surname: |
| | Position: | | |
| | Email Address: | | |
| | Company Name: | | |
| | Company Reg No: | | |
| | Company Vat No: | | |
| | Postal Address: | | |
| | | | Code: |

| | | |
|-------------------|-------|-------|
| Physical Address: | | |
| | Code: | |
| Telephone No: (W) | (F): | Cell: |

ENROLMENT FORM Continued...

- Students are expected to attend a minimum of 70% of the classes otherwise they will be asked to repeat the course at their own cost.
- If the company is paying for the course, the HR Dept or Manager in charge of the student will be notified accordingly.

THOSE LEARNERS ENROLLED FOR 15 DAYS + COURSES WILL RECEIVE:

- Overall + T shirt
- Safety Shoes
- All Course Materials and Stationary where Applicable

THOSE LEARNERS ENROLLED FOR BASIC COURSES:

(1 Day and 3 Days Courses)

- Must Provide Own PPE
- All Course Materials and Stationary where Applicable Will Be Provided

Training will be conducted at own risk

Under no circumstances will courses be changed after commencement (Signature) _____

EASTC reserves the right to use any information, photographs and/or videos of any student enrolled as such by it, at any time taken/shot at any of its centres or those of its facilitators, and/or event sponsored by it, without the express written consent of such student. EASTC may use such information, photographs and/ or videos in publications or other media material produced, used or contracted by EASTC including but not limited to brochures, books, invitations, magazines as well as television advertisements.

I _____ (Print full names and surnames) _____
 have read and understand the above terms and conditions and will adhere to them. Signature _____

| | |
|---|-------------------------------------|
| I | COMPLETE IF COMPANY APPROVED |
| Student Name | Approved by: _____ |
| And we | (Print Initials and Surname) |
| The sponsoring Company (Where applicable) | (Print Position) |
| Hereby agree to be jointly and severally liable for the total fee. I/We further agree that failure to attend lectures will not deduct my/our responsibility for the fees for the full course. | Invoice for the attention of: _____ |
| Cancellations within 10 working days prior to course commencement date will incur a cancellation fee to the value of 50% of course fee | Signature: _____ |
| Student Signature: _____ | Company Stamp: |
| Date: _____ | |

**NO CASH PAYMENTS ACCEPTED
 ONLY BANK DEPOSIT SLIPS AND PROOF OF EFT
 CARD FACILITY AVAILABLE AT OUR PREMISES**

ENROLMENT POLICIES AND PROCEDURES

COMPANIES AND PRIVATE STUDENTS

- Enrolment forms must be completed and returned before course can start
- Full payment must be confirmed before course can start
- NO REFUNDS (In case of refunds a 10% handling fee will apply)

Main Account:

Bank Details:
 Ekurhuleni Artisans and Skills Training Centre
Bank: ABSA
Branch: Central Avenue
Account No: 40-6627-8520
Branch Code: 632005

OR

Bank Details:
 Ekurhuleni Artisans & Skills Training Centre
Bank: FNB
Branch: Woodbridge
Account No: 62139090287
Branch Code: 205609

**USE ID NUMBER AS REFERENCE
 ON PROOF OF PAYMENT**

**Fax enrollment form, copy of student ID
 and deposit slip to 011 394 3154**