

FOR OFFICE USE	BOOKED	QUOTE NO	CONFIRMED	INV NO	MEALS
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Winner business of

FULLY ACCREDITED TRADE TEST CENTRE

Merseta Accreditation No's.

17-QA/ACC/0357/09

17/QA/ACC/0228/07

203 Element road, Chloorkop, Kempton Park 1619

PO Box 1709, Edenvale, 1610

Tel: (011) 393 1642 / 3 / 8

Fax: 086 671 0402

info@acra.co.za

www.acra.co.za

CK 1995/051145/23

VAT. NO. 476 018 8229

Air Conditioning and Refrigeration Academy

ENROLLMENT FORM • 2018

EMAIL ENROLLMENT FORM WITH COPY OF ID AND PROOF OF PAYMENT TO INFO@ACRA.CO.ZA / FAX

BOOKING TYPE PLEASE SELECT ONE	booked & paid for by Employer / Company	booked & paid Private Student	booked & paid for by Parent/Guardian
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TERMS & CONDITIONS

- * Enrolments will not be accepted without a 50% non refundable deposit (or a Company Purchase Order No)
- * FULL PAYMENT IS DUE ON THE FIRST DAY OF THE COURSE
- * Please confirm that we've received your Enrolment – if you haven't received a course confirmation letter and Quote/Invoice then your are not booked

CANCELLATION POLICY

- * Should the student/employer cancel his/her course in less than 7 days prior to commencement of training he/she will be liable for the full payment!

IMPORTANT INFORMATION:

- * The Learner should register at Reception on the first day of every course
- * The student has to submit a copy of his/her ID on the first day of the course
- * Classes start at 08h00 until 15h00 Mondays to Thursdays (study time from 15h00 until 16h00) and 08h00 until 13h00 on Fridays (study time from 13h00 until 14h00)
- * Refreshments included - Tea & Coffee
- * Every Friday - Braai Day (free of charge)
- * Lunch available daily please book and pay upfront @ R90 per meal includes a 500ml coldrink (2018 rate)

PLEASE REMEMBER TO BRING:

- * **Safety Shoes - students will not be allowed in the workshop without safety shoes**
- * Proof of Payment
- * Id copy
- * Basic Stationary - pen, pencil, ruler, highlighter, standard calculator, eraser and notepad
- * Students are not allowed to use cellphones during class

1. COURSE / LEARNING PROGRAMME DESCRIPTION			
COURSE NAME			
START DATE		END DATE	
2. LEARNER INFORMATION			
LEARNER NAME & SURNAME			
	LEARNER ID NO.		
LEARNER CELL NO.			
LEARNER EMAIL ADDRESS			
3. EMERGENCY CONTACT			
CONTACT NAME	RELATIONSHIP TO LEARNER		
CELL NO.			
Document Title:	Learner Enrollment Form	Document Number:	LEF-001
Date Compiled:	1 July 2008	*Last Revision Date:	10 October 2017
Revision Number:	10	Access:	Controlled
Reviewed By:	A Pieterse	Approved By:	GK Laidlaw
* The document with the latest revision date is the current official document.			

4. EMPLOYER / COMPANY INFORMATION										
COMPANY NAME										
TELEPHONE NO										
ADDRESS OF EMPLOYER										
MANAGER NAME & SURNAME										
MANAGER TEL/CEL No.										
MANAGER EMAIL ADDRESS										

5. INVOICING INFORMATION / PERSON RESPONSIBLE FOR PAYMENT										
COMPANY NAME										
COMPANY VAT No.										
PURCHASE ORDER No.										
POSTAL ADDRESS										
COMPANY ACCOUNTS DEPT. CONTACT PERSON										
COMPANY ACCOUNTS DEPT. TEL No.										
COMPANY ACCOUNTS DEPT. EMAIL ADDRESS										

MANAGER / PERSON RESPONSIBLE FOR PAYMENT	I _____ (MANAGER / SUPERVISOR / PARENT / GUARDIAN / LEARNER)	_____
		SIGNATURE

		DATE
	HEREBY AUTHORIZE THE FOLLOWING LEARNER TO ATTEND TRAINING AT ACRA. I HAVE ALSO READ, UNDERSTAND AND ACCEPT THE TERMS & CONDITIONS.	
	MR/MS/MRS _____ (LEARNER)	_____
		SIGNATURE

		DATE

6. REQUIREMENT CHECKLIST	
ID COPY ATTACHED	<input type="checkbox"/>
MEALS REQUIRED @ R90 PER MEAL MON-THU ONLY	<input type="checkbox"/>
50% DEPOSIT ATTACHED	<input type="checkbox"/>
PURCHASE ORDER No.	<input type="checkbox"/>

7. BANKING DETAILS	
ACCOUNT HOLDER	Air Conditioning and Refrigeration Academy
BANK NAME	Standard Bank
ACCOUNT NUMBER	22 010 8617
BRANCH	Greenstone
BRANCH CODE	016342
REFERENCE	PLEASE USE THE QUOTATION NUMBER / INVOICE NUMBER / LEARNER SURNAME AS REFERENCE!

Email Enrollment Form with **copy of id** and **proof of payment** to info@acra.co.za / fax 0866710402

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