





## FULLY ACCREDITED TRADE TEST CENTRE

QCTO Accreditation No's. AC000173NAMB SDP1220/18/00370 17-QA/ACC/0357/09/MER

## Air Conditioning and Refrigeration Academy

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|                                     | 20.   | 24 E                                       | nrolr                               | nent                         | Forn             | n Ga   | uteng                   | g - K           | empi                                    | ton P         | Park           |  |  |
|-------------------------------------|---|--|-------------------------------------|------------------------------|------------------|--|-------------------------|-----------------|---|---------------|----------------|--|--|
|                                     |   | Email E                                    | Enrolment                           | : Form wit                   | h <b>copy of</b> | f id and pi                                  | oof of pa               | iyment to       | info@acr                                | a.co.za       |                |  |  |
| UN                                  |   |  |                                     |                              |                  |  |                         |                 |   |               |                |  |  |
| Booking Type<br>please select one   |   | booked & paid for by<br>Employer / Company |                                     |                              |                  | booked & paid<br>Private Student             |                         |                 | booked & paid for by<br>Parent/Guardian |               |                |  |  |
| 1. Course                           | / Learning F  | Programme I                                | Description                         |                              |                  |  |                         |                 |   |               |                |  |  |
| Course Na                           | ıme   |  |                                     |                              |                  |  |                         |                 |   |               |                |  |  |
| Start Date                          |   |  |                                     |                              |                  |  | End Date                |                 |   |               |                |  |  |
| 2. Learne                           | r Information   | n  |                                     |                              |                  |  |                         |                 | <u>I</u>                                |               |                |  |  |
| Learner Na                          | ame & Surnar  | me   |                                     |                              |                  |  |                         |                 |   |               |                |  |  |
|                                     |   |  |                                     |                              | Lea              | arner Id. Num                                | ber                     |                 |   |               |                |  |  |
|                                     |   |  |                                     |                              |                  |  |                         |                 |   |               |                |  |  |
| Learner Ce                          | ellphone Num  | nber                                       |                                     |                              |                  |  |                         |                 |   |               |                |  |  |
| Learner En                          | nail Address  |  |                                     |                              |                  | <u>.                                    </u> |                         |                 | I.                                      |               |                |  |  |
| 3. Emerge                           | ency Contact  | t  |                                     |                              |                  |  |                         |                 |   |               |                |  |  |
| Contact Name                        |   |  |                                     |                              |                  |  | Relationship to Learner |                 |   |               |                |  |  |
| Cellphone Number                    |   |  |                                     |                              |                  |  |                         |                 |   |               |                |  |  |
|                                     |   |  |                                     |                              |                  |  |                         |                 | !                                       |               | !              |  |  |
| * Enr<br>* FUI<br>* Ple<br>CANCELLA | LL PAYMENT IS<br>ease confirm tha<br>TION POLICY        | DUE ON THE at we've receive                | FIRST DAY OF<br>ed your Enrolm      | THE COURSE<br>ent — if you h | havent received  | Company Purcled a course conf                | irmation letter         | or Quote/Invoi  | •                                       |               |                |  |  |
| * Saf<br>* Pro<br>* Id (<br>* Bas   | oof of Payment<br>copy<br>sic Stationary - <sub>I</sub> | udents will not                            | er, highlighter,                    | eraser, notepad              |                  | ty shoes.<br>alculator (NO C                 | :ELLPHONES &            | ALLOWED IN C    | CLASS)                                  |               |                |  |  |
| * The<br>* The<br>* Cla             | e student has to<br>sses start at 08                    | d register at Re<br>o submit a copy        | y of his/her ID o<br>O Mondays to T | on the first day             | of the course.   | ih30 until 16h00                             | )) and 08h00 ur         | ntil 13h00 on F | Fridays (study ti                       | me from 13h00 | O until 14h00) |  |  |

Revision Number:

| 4. Employer / Compar  | ny Information |   |            |            |            |  |           |             |            |                 |        |  |  |
|---|----------------|---|------------|------------|------------|--|-----------|-------------|------------|-----------------|--------|--|--|
| Company Name  |                |   |            |            |            |  |           |             |            |                 |        |  |  |
| Telephone Number  |                |   |            |            |            |  |           |             |            |                 |        |  |  |
| Address of Employer   |                |   |            |            |            |  |           |             |            |                 |        |  |  |
| Manager Name & Surna  | ame            |   |            |            |            |  |           |             |            |                 |        |  |  |
| Manager Tel / Cellphon  | e Number       |   |            |            |            |  |           |             |            |                 |        |  |  |
| Manager Email Address   | 5              |   |            |            |            |  |           |             |            |                 |        |  |  |
| 5. Invoicing Information / Person Responsible for Payment   |                |   |            |            |            |  |           |             |            |                 |        |  |  |
| Company Name  | Company Name   |   |            |            |            |  |           |             |            |                 |        |  |  |
| Company VAT Number  |                |   |            |            |            |  |           |             |            |                 |        |  |  |
| Purchase Order Number   |                |   |            |            |            |  |           |             |            |                 |        |  |  |
| Postal Address  |                |   |            |            |            |  |           |             |            |                 |        |  |  |
| Company Accounts Department Contact Person  |                |   |            |            |            |  |           |             |            |                 |        |  |  |
| Company Accounts Dep  | partment       |   |            |            |            |  |           |             |            |                 |        |  |  |
| Company Accounts Dep<br>Email Address   | partment       |   |            |            |            |  | !         |             |            |                 |        |  |  |
| 6. POPI Act Consent   |                |   |            |            |            |  |           |             |            |                 |        |  |  |
| Protection of Personal Information: ACRA is responsible for the processing and storage of personal information of learners and/or their employers. It is the policy of ACRA to keep information of the learners attending training. Learner portfolios / documentation must contain certain information about a learner and the employer and by implication, this will include personal information. By completing this form I hereby confirm that I'm aware of the personal information gathered and stored by ACRA. |                |   |            |            |            |  |           |             |            |                 |        |  |  |
| Signature   |                | Name & Surname Date   |            |            |            |  |           |             |            |                 |        |  |  |
| 7. Authorised Signature by Manager / Supervisor / Parent:   |                |   |            |            |            |  |           |             |            |                 |        |  |  |
| Manager / Person Responsible  |                | ,   |            |            |            |  |           |             |            |                 |        |  |  |
| for Payment   |                | (manager / supervisor / parent / guardian / learner) Signature Date |            |            |            |  |           |             |            |                 |        |  |  |
| hereby authorise the following learner to attend training at ACRA (JHB - Head Office). I have read, understand and at<br>the Terms & Conditions.  |                |   |            |            |            |  |           |             | and accept |                 |        |  |  |
|   |                | Mr/Ms/Mrs (learner) Signature                                       |            |            |            |  |           | Date        |            |                 |        |  |  |
| 8. Requirement Checklist  |                | 9. Banking Details  |            |            |            |  |           |             |            |                 |        |  |  |
| Id Copy Attached  |                |   |            |            |            | Air Conditioning and Refrigeration Academy |           |             |            |                 |        |  |  |
| 50% Deposit Attached  |                | <del>                                     </del>                    |            |            | Stand      | Standard Bank                              |           |             |            |                 |        |  |  |
| Purchase Order No.  |                | Account Number: 2201  |            |            |            | 20108617                                   |           |             |            |                 |        |  |  |
|   |                |   | Branch:    |            | Greenstone |  |           |             |            |                 |        |  |  |
|   |                | Branch Code: 01 6   |            |            | 01 63      | 42   |           |             |            |                 |        |  |  |
| PAYMENT REFERENCE   | ≣: P           | PLEASE US   | SE THE QUO | OTATION NU | IMBER      | / INV                                      | OICE NUME | BER / LEARN | IER SURNAI | ME AS REFE      | RENCE! |  |  |
| Document Title  | e:             | Learner Enrollment Form - JHB                                       |            |            |            | Document Number:                           |           |             |            | LEF-001         |        |  |  |
| Date Compiled:  |                | 1 July 2008   |            |            |            | *Last Revision Date:                       |           |             |            | 13 October 2023 |        |  |  |

|   | 1 July 2008 | *Last Revision Date: | 13 October 2023 |   |  |  |  |  |
|---|-------------|----------------------|-----------------|---|--|--|--|--|
|   | 11          | Access:              | Controlled      |   |  |  |  |  |
|   | A Pieterse  | Approved By:         | GK Laidlaw      | 2 |  |  |  |  |
| *The document with the latest revision date is the current official document. |             |                      |                 |   |  |  |  |  |