

FOR OFFICE USE	BOOKED		QUOTE NO		CONFIRMED		INV NO	
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FULLY ACCREDITED TRADE TEST CENTRE

QCTO Accreditation No's.

SDP1223/19/00356

Air Conditioning and Refrigeration Academy

10 Enfield Avenue, Umbilo, Durban, KZN, 4001
Tel (031) 202 3103 • acrakzn@acra.co.za • www.acra.co.za
• VAT. No. 4690286531

2024 Enrolment Form **KZN - Durban**

Email Enrolment Form with **copy of id** and **proof of payment** to acrakzn@acra.co.za

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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1. Course / Learning Programme Description

Course Name					
Start Date			End Date		

2. Learner Information

Learner Name & Surname												
Learner Id. Number												
Learner Cellphone Number												
Learner Email Address												

3. Emergency Contact

Contact Name					Relationship to Learner				
Cellphone Number									

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 havent received a course confirmation letter or Quote/Invoice then you 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!

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, eraser, notepad & standard calculator (NO CELLPHONES ALLOWED IN CLASS)
- * Students are not allowed to use cellphones during class

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 15h30 Mondays to Thursdays (study time from 15h30 until 16h00) and 08h00 until 13h00 on Fridays (study time from 13h00 until 14h00)
- * Refreshments included - Tea & Coffee

4. Employer / Company Information

Company Name										
Telephone Number										
Address of Employer										
Manager Name & Surname										
Manager Tel / Cellphone Number										
Manager Email Address										

5. Invoicing Information / Person Responsible for Payment

Company Name										
Company VAT Number										
Purchase Order Number										
Postal Address										
Company Accounts Department Contact Person										
Company Accounts Department Telephone Number										
Company Accounts Department Email Address										

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	I, _____ (manager / supervisor / parent / guardian / learner)	_____ Signature	_____ Date
hereby authorise the following learner to attend training at ACRA (KZN - Durban). I have read, understand and accept the Terms & Conditions.			
	Mr/Ms/Mrs _____ (learner)	_____ Signature	_____ Date

8. Requirement Checklist

Id Copy Attached	
50% Deposit Attached	
Purchase Order No.	

9. Banking Details

Account Holder:	ACRA KZN
Bank Name:	Standard Bank
Account Number:	1011 084 755 3
Branch Code:	04 25 26

PAYMENT REFERENCE:**PLEASE USE THE QUOTATION NUMBER / INVOICE NUMBER / LEARNER SURNAME AS REFERENCE!**

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Reviewed By:	A Pieterse	Approved By:	GK Laidlaw
* The document with the latest revision date is the current official document.			