

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

Accreditation Numbers
17-QA/ACC/0357/09/MER
AC000173NAMB

Air Conditioning and Refrigeration Academy

71-75 De Beers Road, Kimberley, 8301
Tel (053) 833 1903 / 083 261 5728 • frances@acra.co.za • www.acra.co.za

2024 Enrolment Form Kimberley

Email Enrolment Form with **copy of id** and **proof of payment** to frances@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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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 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!

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

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

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.																									
<table border="1"> <tr> <td>Document Title:</td> <td>Learner Enrollment Form - KIMBERLEY</td> <td>Document Number:</td> <td>LEF-001</td> </tr> <tr> <td>Date Compiled:</td> <td>1 July 2008</td> <td>*Last Revision Date:</td> <td>06 January 2022</td> </tr> <tr> <td>Revision Number:</td> <td>10</td> <td>Access:</td> <td>Controlled</td> </tr> <tr> <td>Reviewed By:</td> <td>A Pieterse</td> <td>Approved By:</td> <td>GK Laidlaw</td> </tr> </table>										Document Title:	Learner Enrollment Form - KIMBERLEY	Document Number:	LEF-001	Date Compiled:	1 July 2008	*Last Revision Date:	06 January 2022	Revision Number:	10	Access:	Controlled	Reviewed By:	A Pieterse	Approved By:	GK Laidlaw
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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 KIMBERLEY. 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"/>
50% DEPOSIT ATTACHED	<input type="checkbox"/>
PURCHASE ORDER No.	<input type="checkbox"/>

7. BANKING DETAILS	
ACCOUNT HOLDER	AIR CONDITIONING AND REFRIGERATION ACADEMY NORTHERN CAPE
BANK NAME	Standard Bank
ACCOUNT NUMBER	022830855
BRANCH CODE	51001
REFERENCE	PLEASE USE THE QUOTATION NUMBER / INVOICE NUMBER / LEARNER SURNAME AS REFERENCE!

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