



Enrolment Form

COURSE NAME: _____

COURSE START DATE: / /
DAY MONTH YEAR

COURSE NUMBER: _____

YOUR DETAILS

Identity Number/
Passport Number:

Title: Ms Mr Other: _____

Surname: _____ Initials: _____

Gender: Male Female

Full names: _____

Date of Birth: / /
DAY MONTH YEAR

Preferred Firstname: _____

YOUR CONTACT DETAILS

Postal Address: _____

Physical Address: _____

Country: _____ Code:

Country: _____ Code:

Home Phone: + -

Work Phone: + -

Cell Phone: + -

Email Address: _____

YOUR EMPLOYER/OCCUPATION DETAILS

Company/Institution Name: _____

Postal Address: _____

Occupation/Job Title: _____

Department/Division: _____

Work Phone: + -

Country: _____ Code:

Work Fax: + -

Physical Address: _____

Country: _____ Code:

Primary Industry of Employer (Tick one only)

- | | | |
|--|--|---|
| <input type="checkbox"/> Agriculture, Forestry, Fishing, Hunting | <input type="checkbox"/> Services - Entertainment | <input type="checkbox"/> Engineering Manufacturing |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Services - Hospitality | <input type="checkbox"/> Health & Welfare |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Services - Repair/Maintenance | <input type="checkbox"/> Government/Public Administration |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Services - Social | <input type="checkbox"/> Law |
| <input type="checkbox"/> Wholesale & Retail Trade | <input type="checkbox"/> Communication | <input type="checkbox"/> Sport |
| <input type="checkbox"/> Finance, Insurance | <input type="checkbox"/> Education | <input type="checkbox"/> IT |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Engineering Service | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Other | |

Please tick if you do **NOT** want to receive any promotional material of upcoming courses in the future.

YOUR QUALIFICATIONS

Highest Academic Qualification: Grade 12 Diploma Degree Post-graduate Degree Year Completed:

Membership of Professional Association/Body: _____ Membership Number:
(If applicable)

TUKS Alumni: Yes No

RESPONSIBLE FOR PAYMENT:

Self Employer Bursary/Sponsorship: _____ (Specify)

I hereby confirm that the information supplied on this form is correct and that I have read and agree to the conditions stipulated on the reverse side of this enrolment form. I accept personal responsibility to ensure payment of the relevant fees before commencement of the course.

Signature: _____ Date: / /
DAY MONTH YEAR