

STUDENT ENROLMENT FORM YEAR 2019



103 OLD Main Road, Inchanga,
Camperdown Rural District, 3670
Tel: 031 1710722

mailto: info@dibanisaartisans.co.za
web: www.dibanisaartisans.co.za

(Submit two weeks before you start)



SKILL APPLYING FOR:		Home Address (not PO Box)	
Start Date:		Street name and number	
Title:		Suburb	
First Name (AS PER YOUR I.D):		City & Postal code	
Middle Name (AS PER YOUR I.D):		Postal address	
Surname (AS PER YOUR I.D):		Suburb	
Previous last name if applicable		City & Postal code	
I.D Number:		Cell Number	
Date of Birth:		Tel Number	
Nationality		Email address	
Citizen Status		Province	
Home language		Standard of Education	
Disabled Y/N (The facility is Wheelchair Friendly)		PPE Size (2 piece) e.g. Small, Medium, Large, etc	Top:
			Pants:
Gender		T-shirt Size: e.g. small, Medium, Large, etc	
Race		Safety Shoes Size	

ENROLMENT POLICIES AND PROCEDURES:

- Enrolment forms must be completed and returned two weeks before course start date

STUDENT ENROLMENT FORM YEAR 2019



103 OLD Main Road, Inchanga,
Camperdown Rural District, 3670
Tel: 031 1710722

mailto: info@dibanisaartisans.co.za
web: www.dibanisaartisans.co.za

(Submit two weeks before you start)

- Certified copy of the ID must be attached to the enrolment form
- Full payment must be confirmed before the start date
- Cancellations within 10 working days before the course start date will be subject to a cancellation fee to the value of 50% of the course fee.
- Students must meet 70% attendance requirement
- If a student does not attend or start on their scheduled date, there will be no refund
- Skills cannot be changed after registration
- Students are expected to take care of their PPEs as there will be one per student
- PPEs must be worn at all times within the campus
- Please bring your padlock as lockers will be provided
- Students must always sign to acknowledge receipt and hand over of tools on daily basis.
- No tools can be taken out of the campus
- Students will be fully responsible if tools are damaged or missing
- We care about the safety of our students; however, students must also take full responsibility to ensure their safety at all times.

Student declaration:

I _____ (Print full names and surname) **have** read and understood the above terms and conditions and will adhere to them at all times.

NB: USE ID NUMBER AS REFERENCE NUMBER. NO CASH PAYMENTS ACCEPTABLE ON PREMISES

For office use only

Application Received By:	
Documents submitted:	
Payment Received:	
Signature	
Date:	

Banking Details: FNB
Account Number: 62521664179
Account Holder: Bold Venture Trading PTY LTD
Branch Code: 22069