

FETC: SHORT TERM INSURANCE (6 CREDITS) REGISTRATION FORM

Please complete this form in block letters with a black pen. Submit via fax or email with the following documentation:

- a certified copy of your National ID document
- the completed NLRD form

SECTION A: Personal Details

Surname:		Initials:		Title (e.g. Mr,Dr):	
First Name: (max 3)					
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age:	<input type="text"/>	yrs	Gender:	<input type="text"/>	<input type="text"/>
	<input type="text"/>			<input type="text"/>	<input type="text"/>
ID / Passport Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SA Citizen:	<input type="text"/>	Yes	<input type="text"/>	No	<input type="text"/>
If NO, in what is your residency status?					
Residential Address:					
Postal Address:					
Tel (work):	<input type="text"/>	<input type="text"/>	<input type="text"/>	Tel (home):	<input type="text"/>
Facsimile:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cellular:	<input type="text"/>
E-mail:	<input type="text"/>			Home language:	<input type="text"/>

SECTION B: Employment Details

Are you currently employed?:	<input type="text"/>	Yes	<input type="text"/>	No	<input type="text"/>
Current Occupation (job title):					
Employer:					
Employer Telephone:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Employer Fax:	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

SECTION C: Module Registration/Learning Delivery Options

Indicate below:

<input type="checkbox"/>	Short Term Insurance (6 credits only)
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SECTION D: Payment Details

Person responsible for payment:					
Address (if different):					
Telephone:	<input type="text"/>	<input type="text"/>	<input type="text"/>	E-mail:	<input type="text"/>
Is your employer sponsoring your Training/RPL?:	<input type="text"/>	Yes	<input type="text"/>	No	Employer order number:
	<input type="text"/>		<input type="text"/>		<input type="text"/>
Accounts department contact person:	<input type="text"/>			Tel:	<input type="text"/>
Company VAT Number:	<input type="text"/>				

EFT for PLC

Prior Learning Centre
 Investec Bank
 Grayston Drive
 Branch Code: 58-01-05
 Acc number: 100 108 82 513

CHEQUE DEPOSIT/CASH for PLC

Prior Learning Centre
 ABSA
 Acc number: 010 439 60306
NB on deposit slip: Ref: 100 108 82 513

Please tick if you require an invoice to be sent to you

SECTION E: Acceptance of Terms and Conditions

I, (full name) _____ ID number _____ state that the above information is true to the best of my knowledge. In signing this application form, I accept the terms and conditions of payment and understand the roles and responsibilities of myself and Prior Learning Centre in this Workshop/ RPL process. Where my employer will be sponsoring me, the relevant supervisor also understands and agrees to the terms and conditions of this agreement. These terms and conditions can be found at the bottom of this page.

Candidate Signature:		Date:	D	D	M	M	Y	Y	Y	Y
Employer Name & Title:										
Employer Signature:		Date:	D	D	M	M	Y	Y	Y	Y

OFFICE USE ONLY

Workshop booked/confirmed:	<input type="checkbox"/>	Invoiced	<input type="checkbox"/>	INV no.											
PRPL booked/confirmed:	<input type="checkbox"/>	Invoiced	<input type="checkbox"/>	INV no.											
Paid by candidate	<input type="checkbox"/>	Proof?	<input type="checkbox"/>												
Date:	D	D	M	M	Y	Y	Y	Y		E	Eng	A	Afr	Other:	

Terms and conditions:

1. The RPL candidate acknowledges that RPL does not involve any subject training whatsoever. RPL assumes that the candidate has prior knowledge that can be assessed.
2. No refunds will be made after the course material has been forwarded through to the RPL candidate. Cancellations will incur a R250 administration fee. Administration fees are quoted excluding VAT and VAT will be levied.
3. Prior Learning Centre reserves the right to cancel course if there is insufficient demand, and will endeavor to give the candidate reasonable notice of cancellation.
4. Prior Learning Centre is not responsible for any delays that may occur in the issuing of the final statement of credits by the relevant ETQA.
5. All documentation is in English. However, learners may answer in English or Afrikaans. Other languages may be accommodated at an additional cost and by prior arrangement.
6. Candidates will be given one opportunity to submit remedial evidence at no cost. Thereafter an additional assessment fee will be charged.