



REGISTRATION

Please complete and fax to (011) 831-6822 for the attention of **Melanie Roberts**

PERSONAL DETAILS

Title	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Mrs
	<input type="checkbox"/>	Hon	<input type="checkbox"/>	Ms
	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Prof
	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Rev
First Name	<input type="text"/>			
Middle Name	<input type="text"/>			
Calling Name	<input type="text"/>			
Surname	<input type="text"/>			
Maiden Name	<input type="text"/>			
Initials	<input type="text"/>			
RSA ID Number	<input type="text"/>			
Date of Birth	<input type="text"/>			
Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Equity	<input type="checkbox"/>	Black: African	<input type="checkbox"/>	Black: Asian/Indian
	<input type="checkbox"/>	Black: Coloured	<input type="checkbox"/>	White
Highest Education	<input type="text"/>			
Previous Insurance Qualifications/Credits	<input type="text"/>			
Current Occupation	<input type="text"/>			
Experience	<input type="text"/>			
Years in Occupation	<input type="text"/>			
Nationality	<input type="text"/>			
Home Language	<input type="text"/>			

Citizen Status

South African Citizen
Permanent Resident
Dual (SA plus other)

Other
Unknown

Socio-Economic Status

Employed
Unemployed (Seeking work)
Pensioner/Retired

Scholar/Student
Unspecified

Disability status

None
Communication (Talk/listen)
Disabled but unspecified
Emotional
Hearing impaired

Intellectual
Physical (move/stand)
Sight impaired
Unknown disability status

Geographical Area

Eastern Cape
FreeState
Gauteng
Kwazulu-Natal
Western Cape
Limpopo

Mpumalanga
North West
Northern Cape
Outside SA
Undefined

CONTACT DETAILS

Business Phone No.

Home Phone No.

Fax Number

Cell Number

E-mail

ADDRESS

(POSTAL or PHYSICAL Address where CD must be sent to)

For Attention:

Address

Suburb

City

Code

MAIN ACCOUNT PAYER DETAILS: (Party responsible for payment)

Company Name

Company VAT reg. no.

CONTACT DETAILS:

Title

Surname

First Name

Other Names

ID number

Business phone no.

Fax Number

Cell number

Email

POSTAL ADDRESS

Po box

Suburb

City

Code

PROGRAMME INFORMATION

Please select programme you would like to enrol for.

FETC: Short Term Insurance (Personal Lines & Commercial lines) NQF level 4	
Programme	
Full Qualification	
Study School 1 (Personal Lines)	
Study School 1 (Commercial Lines)	
Study School 2 (Personal & Commercial Lines)	
Study School 3 (Personal & Commercial Lines)	
Study School 4 (Communication & Additional SA Language)	
Study School 5 (Mathematics)	
RPL (8 credits)	

Please select region for assessment.

FETC: Short Term Insurance (Personal Lines & Commercial lines) NQF level 4	
Region	
Gauteng – Johannesburg	
Gauteng – Pretoria	
Durban	
Port Elizabeth	
Cape Town	
Bloemfontein	
Other (Please Specify)	

Please send a certified copy of your ID document and Matric certificate as well as any other qualification obtained with this application.

I (full names) _____ hereby apply to attend the above-mentioned programme(s).

Signature

_____/_____/2006
Date

Our Banking Details:

(Please fax proof of payment to (011) 831-6822 attention Melanie Roberts)

Account Name: PSG Konsult Learning Academy (Pty) Ltd
Bank: ABSA Bank
Branch: ABSA Corporate
Branch Code: 63-20-05
Account No: 40-6354-8859