**Enrolment Form 2025**

**Please complete in PRINT and in black**

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| Invoice to:  (e.g. Company Name) |  | |
| VAT Nr: |  | Address: |
| Contact Name & Email for Payment Purposes | Name:  Tel: | Email: |
| **LEARNER- WHO IS PAYING THE ACCOUNT (PLEASE TICK) Myself**  **My company** | | |
| Name: |  | |
| Surname: |  | |
| ID Number: |  | |
| Cell / Tel Phone Nr: |  | |
| Email: |  | |
| Course (tick applicable): | **⬜ First Aid L1 SP-230801 (R1600 – 2 days)**  **⬜ First Aid L2 SP-230802 (R2150 – 3 days)**  **⬜ First Aid L3 SP-230803(R3200 – 4–5 days)** | **⬜ Basic SHE Rep Workshop (R980 – 1 day)**  **⬜ Basic Fire Fighting Workshop (R780 - ½ day)** |
| Course Date: |  | **Lunch and Refreshments included - all courses.** |
| Course to be attended at: (tick applicable) | **PRETORIA** | **RIVONIA (JHB)** |
| Please attach a copy of one of the following to your enrolment: | **ID document / Passport / Birth certificate / Asylum or refugee permit**  ***Your certificate can only be issued if we receive one of the above.*** | |

NB: Only make payment once you have received a Quote / Pro forma invoice. Your payment reference should be your pro forma invoice number.

* **Cancellations must be made 3 days prior to the start of the course or a cancellation fee / penalty of R250.00 will apply**.
* **Digital certificate only. No hardcopies will be printed.**
* **Completion certificates will be issued within 10 working days from successful completion of training.**
* **Classes may be moved to a new date if there are less than 3 enrolments per group/date.**

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Signature / Initials & Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: Email the completed form to** [**info@firstaidtrainingsa.co.za**](mailto:info@firstaidtrainingsa.co.za)