



COURSE ENROLMENT FORM

Doc No : QF-TRG-1095
 Issue : 10
 Date : 30-11-2020

STUDENT DETAILS

Surname		Student No	OPTIONAL
Full Names as on ID		File No	OPTIONAL
Nickname			
ID Number		Have you passed matric? (Y/N)	
Highest Qualification/ Other Qualifications		Have you passed matric maths? (Y/N)	
		Have you passed matric science? (Y/N)	
Postal Address		NDT Experience (months)	
Physical Address			
Cell Phone		Fax No	
E-mail Address			
Alternative E-mail			

COMPANY / SPONSOR DETAILS

Company Name		Who will sponsor the course?*
Company Contact		Company*
Tel No		Student (private)*
Contact E-mail		Order No

COURSE DETAILS

(Please consult the training schedule and discount structure for courses, course dates, discount codes and supporting documents that are required)

Method / Level	PT	MT	RT	UT	ET	VT	RI	WI	WT	UTPA	TOFD	CR	L1	L2	L3	L3 Basic		
Course No				Course Dates								Discount Code						
Which Qualification Exam(s) do you wish to write after successful completion of the course																PCN EXAM	SNT-TC-1A	BOTH EXAMS
Company Specific Requirements																		
Industry Sector																		
Category																		

Please consult our discount structure for codes and supporting documents that are required.

DECLARATION

We/I _____ (*the company or individual responsible for account), hereby agree to be liable for the course fees. I agree that all no shows or late cancellations will be charged at 25% of the course fee. By affixing my signature hereto I acknowledge that I have read, understand and agree to the terms and conditions.

Signature: _____ (Responsible person)

Name: _____ (Responsible person)

Date: _____

ANDTC ADMINISTRATION
