



Registration Form

Please complete this document and fax it to our office at the abovementioned number at least one week prior workshop commencement date

Please enrol me for the following training program:

Assessor (3 days)	Skills Development Facilitator	√	Coach and/or Mentor	
Assessor (5 days)	Quality Management System		Communication in the ETD workplace	
Assessment Designer	Facilitate and Evaluate Learning		Research skills for ETD Practitioner	
Moderator	Evidence Facilitator		Prepare and deliver a presentation	
Develop Training Material	Manage a Learnership		Evaluate learning programmes	
OD-ETD Practitioner Level 4	OD-ETD Practitioner Level 5		Training Needs Analysis	

I accept that this workshop will not automatically lead to certification, but that I will have to be assessed on an assignment to be completed at my work place.

PERSONAL DETAILS			
Surname:		Name:	
ID Number:		E-Mail:	
Cell:		Fax:	
Race:		Gender:	
Training Course:			
Date of Workshop:			
Do you have any disability? If so, what?			
Current Position / Job Title:			
Field of Expertise:			
Highest Education Level Attained:			
Have you performed related functions previously?			
If yes, specify:			
Have you undertaken any similar training before?			
If yes, specify:			
Duration		Experience of service relevant to subject:	

REGISTRATION FORM (Cont'd)

COMPANY INFORMATION	
Name of company:	
Physical Address:	
Postal Address:	
	Code
Company VAT No.	
PERSON RESPONSIBLE FOR APPROVAL OF PAYMENT	
Name:	
Position	
Tel:	
Cell:	
E-Mail:	
Fax:	

PLEASE NOTE:

- **FEES FOR ATTENDANCE TO TRAINING WORKSHOPS MUST BE RECEIVED FIVE DAYS BEFORE WORKSHOP COMMENCEMENT DATE.**
- **A hundred per cent (100%) cancellation fee will be levied should you cancel 48 hours prior to commencement of the workshop.**
- **A fifty per cent (50%) cancellation fee will be levied should you cancel one week prior to the commencement of the workshop.**
- **QPD Consultants cannot be held liable for any losses or damage to property brought to any of their workshop venues or QPD premises.**
- **QPD Consultants cannot be held liable for any injuries occurring at any of their workshop venues or QPD premises.**

PAYMENT METHOD	Tick
Cheque to be made out to QPD Consultants (Pty) Ltd and posted to us prior to commencement of the workshop, OR	
Fees to be deposited in our bank account: <i>Standard Bank, Branch Code 057724, Acc No 062098918, Cheque</i>	

Signature of Candidate:		Date:	
Signature of Manager		Date:	