



16 Doncaster Road  
 Newmarket  
 Alberton  
 1449  
 011 907 3273  
 info@advancetraining.co.za  
 www.advancetraining.co.za

## APPLICATION FOR ENROLMENT

Please tick the appropriate box

PART TIME	FULL TIME
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Surname of Learner: \_\_\_\_\_ Gender: Male / Female

First Names of Learner: \_\_\_\_\_

Email: \_\_\_\_\_

ID No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tel no (Home) \_\_\_\_\_ Cell: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

If the Learner is under twenty one (21) years of age, or married in community of property, or is being sponsored, or will not be personally responsible for the payment of the contract amount, the person responsible for the payment of this contract must complete and sign the following:

Name of Responsible Party: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

ID No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tel no (Home) \_\_\_\_\_ Tel no (Work): \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I/We hereby certify that the details given by me/us are correct.

Signed at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature LEARNER	Signature RESPONSIBLE PARTY	Signature ADVANCED TRAINING CENTRE
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## Please accompany application with the following documents:

- Application for Enrolment
- Student's ID
- Latest Report
- Father's ID
- Mother's ID
- Medical Aid Card
- Proof of Residence
- Credit Check Consent
- Policy Document & Code of Conduct & Discipline
- GED Declaration

