

REGISTRATION FOR INSPECTION DIPLOMA COURSE

Attach
Passport Size
Photo Here

Surname of Candidate: _____

First Name(s) in Full: _____

SAIW Student Number _____ Identity/Passport No: _____

Tel (w): _____ Fax: _____

Mobile No: _____ e-mail: _____

Postal/Residential Address: _____

_____ Code: _____

My nominated contact method for written communication is indicated here with a cross mark.

fax

e-mail

Post

Educational Qualifications

Highest tertiary qualification achieved and study

Discipline_____

Highest secondary school qualification achieved and subjects

Studied_____

(Please note you must provide a certified copy of your highest relevant tertiary and school qualifications)

Practical Experience

Please provide brief details of relevant practical experience including dates applicable to each activity:

Signature of Candidate:_____ Date:_____

I declare that the information given above is true.