

## COURSE ENROLMENT APPLICATION

(Please complete in legible block letters)

### CANDIDATE NUMBER

(If known, else number shall be provided during the training course)

COURSE DETAILS			
TITLE			
GROUP		CODE	
TRAINING DATES	Start Date	End Date	

CANDIDATE INFORMATION	
Surname	
First Name(s) - In Full	
Identity / Passport No.	Age
Postal / Residential Address	Code
E-mail Address	
Tel No.	Cell No.

<b>MANDATORY:</b>  If not signed by the candidate, the application shall not be processed.	I declare that in the information provided above is accurate and true		
	Candidate signature		Date

ELIGIBILITY FOR TRAINING COURSE : Candidate must supply the following information	
The SAIW Training Services (SAQCC - Authorised Training Organisation – ATO) verifies that the candidate has supplied the following required information:	
a) Legible copy of applicant's identity document, Driver's license or Passport	<input type="checkbox"/>
b) Certified copies of Highest School grade passed / Proficiency Test score	<input type="checkbox"/>
c) Learner ships – Please provide proof	<input type="checkbox"/>
d) Certified copies of additional / Tertiary qualifications	<input type="checkbox"/>
e) Please provide proof of other qualifications	<input type="checkbox"/>
ATB Representative	Signature

SAIW : OFFICE USE ONLY



**EMPLOYER / COMPANY / PERSON RESPONSIBLE FOR PAYMENT**

Employer / Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Position held \_\_\_\_\_

Postal / Business Address  
(Correct for invoicing purposes) \_\_\_\_\_

Code \_\_\_\_\_

Tel. No. \_\_\_\_\_

Fax. No. \_\_\_\_\_

E-mail address \_\_\_\_\_

Cell No. \_\_\_\_\_

Order number \_\_\_\_\_

Company VAT \_\_\_\_\_

I/We undertake to pay, in full, all SAIW training fees prior to the training course date in accordance with the published scale of fees.  
(The candidate shall be issued with a booking confirmation for training as soon as full payment has been confirmed)

Name of authorised  
company representative \_\_\_\_\_

Designation \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**EMPLOYER**

(Ignore employer signatures of payment is made by candidate)

**BANKING DETAILS**

<b>BANK</b>	First National Bank	<b>BRANCH</b>	Hyde Park	<b>BRANCH CODE</b>	255 805
<b>ACCOUNT NAME</b>	South African Institute of Welding	<b>ACCOUNT NO.</b>	505 236 54 470	<b>SWIFT CODE</b>	FIRZAJJ

**BOOKING ARRANGEMENTS**

All training related queries can be forwarded to SAIW – Admin. Controller – Training Mrs. Laetitia Dormehl, ([dormehl@saiw.co.za](mailto:dormehl@saiw.co.za))

Proof of full payment, thirty days prior to the start of the training course, is required to confirm booking

Cancellation of course bookings prior to thirty days of the course start date shall result in a full refund of fees already paid. Full course fee shall be payable if cancellation of course bookings are within thirty day of the course start date.

Additional information can be found on our website: [www.saiw.co.za](http://www.saiw.co.za)