CONTINUING AND COMMUNITY EDUCATION

ENROLMENT FORM

APPLICANT DETAILS
Please print clearly (These names will be printed on the certificate)

<table>
<thead>
<tr>
<th>Name:</th>
<th>First Name</th>
<th>Middle Name(s)</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Postal Address

Residential Address

Phone: Home: Work: Mobile:

Email:

DOB: Occupation:

Gender: [ ] Male [ ] Female

COURSE DETAILS

Course Title: _____________________________________________

Dates: _____________________________________________

Venue: _____________________________________________

Please tick (v) your preference if course advertisement has options for class time:

Day Classes [ ] Evening Classes [ ] Saturday Classes [ ]

How did you receive information about this course? Please tick (v)

[ ] Newspapers  [ ] USP Campus  [ ] Facebook  [ ] Flyer

[ ] USP Website  [ ] Roadshow  [ ] Email  [ ] Radio

[ ] Other (please specify): _____________________________________________

Please note:
1. If any course does not meet the minimum required number of participants then the course may be postponed or cancelled.
2. Fees payment is due before start of course.
3. Required documents listed in the course advertisement are to be attached to this form.
4. Withdrawal Deadline with fees refund – to be in writing at least 24 hrs prior to start of the training.

I acknowledge I have read, understood and agree to the terms and conditions.

..........................................................  ..........................................................
Signature of Applicant Date