



CONTINUING AND COMMUNITY EDUCATION

ENROLMENT FORM

APPLICANT DETAILS

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

Name:	First Name	Middle Name(s)	Last Name
Postal Address			
Residential Address			
Phone:	Home:	Work:	Mobile:
Email:			Gender: [] Male [] Female
DOB:	Occupation:		
Employer:			

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.

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Signature of Applicant

.....
Date