

REGISTRATION FORM

You must complete all relevant sections of the registration form.
Direct any queries to 011 726 7482 or training@ihrm.co.za.

Please attach:

1. Certified copy of Matric certificate
2. Certified copy of identity document
3. Certified copy of proof of name change if there is a difference in surname between the matric certificate and the ID document

ALL FIELDS ARE COMPULSORY

COURSE DETAILS

Course name	Wealth Management Level 5 Health skills programme February 2022
Course date	17 February 2022 – 10 March 2022 <i>Online Teams Meetings Facilitation</i> Time: 08:30 to 15:00 17 & 18 February 2022 03 & 04 March 2022 10 March 2022
Venue	Online Teams Meeting

PERSONAL INFORMATION

This information is required for certification and quality assurance purposes.

ID Number									
Title	<input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Adv <input type="checkbox"/> Dr <input type="checkbox"/> Hon <input type="checkbox"/> Prof <input type="checkbox"/> Rev								
Full name (exactly as on ID document)									
Preferred name									
Date of birth	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D		
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male								
Race	<input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> White								
Disabilities									
Home language									
Nationality									
Residential status	<input type="checkbox"/> South African <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Dual citizenship <input type="checkbox"/> Other								
Telephone number									

Mobile phone number	
E-mail address	
Residential address	
Postal code	
Postal address	
Postal code	

LAST SCHOOL ATTENDED

Name (Be specific)	
Province	
Year matric attained	

EMPLOYMENT DETAILS

Socioeconomic status	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
Employer name	
Employer SDL number	

BILLING DETAILS

Billing contact person	
Billing contact e-mail address	
Company name	
Company VAT number	
Company billing address	

--	--

TERMS AND CONDITIONS

Cost

R 9 400 excluding VAT per delegate.

Payment

Full payment must be made 72 hours prior to the commencement of the course.

Confirmation

Registrations will be deemed confirmed upon payment and will be subject to these Terms and Conditions.

Cancellation

All cancellations must be submitted in writing. If you cancel within three days of the course the full course fee is payable.

CONSENT

I,

(full name) _____

consent to IHRM providing INSETA, DHET, QCTO with my personal information for certification and quality assurance purposes.

Signature

Date