College

Prosperity through Knowledge

Health and Safety Workshop Registration: 22 - 23 July 2015

R 6250

INSTRUCTIONS:

Complete this registration in full

Include a copy of your Identification Document (Green barcoded ID)

Include a copy of your entry qualification (As required per programme)

Fax, email or post this document with the supporting documents to BMT College

Mark selections with an **X**

A: PERSONAL INFORMATION

1. SURNAME		3. TITLE	MR / MRS / MISS / MS / OTHER:
2. FIRST NAMES		4. ID NR	
5. DATE OF BIRTH	Y Y Y Y - M M - D D	6. GENDER	FEMALE / MALE
7. HOME LANGUAGE	SPECIFY:		
8. EQUITY	BLACK / COLOURED / INDIAN / WHITE / OTHER (SPECIFY) :		
9. DISABILITY	NO / YES	SPECIFY:	

B: CONTACT INFORMATION

1. TELEPHONE NUMBERS	MOBILE		HOME	
	WORK		FAX	
2. E-MAIL ADDRESS				
3. POSTAL ADDRESS		4. HOME ADDRESS		
Study material and College correspondence will be sent to this address				
POSTAL CODE		POSTAL CODE		
5. NOTIFICATIONS	YES / NO	*Do you wish to receive College SMS notifications on your mobile and College information through E-mail?*		
6. REFERRAL	FRIEND/COLLEAGUE / INTERNET / PRINT MEDIA / OTHER:			

C : WORKSHOP INFORMATION

1. DIETARY NEEDS		*Please indicate if you have any special dietary needs and/or allergies.*
2. FULL PAYMENT MADE	YES / TO BE MADE BY COMPANY ON (DATE):	

D: TERMS AND CONDITIONS

1. This registration will only be processed upon receipt of full payment
2. **Cancellation:** 25% cancellation fee will apply to all cancellations
   2.1 Cancellations 7 calendar days before the date of the event will not be refunded.
3. The sequence of the programme for the workshop or training event may be subject to change without prior notice
4. Participants will be allowed 7 days after the workshop to finalise any outstanding portfolio work.
5. I am aware that the onus is on me to determine beforehand if my employer or prospective employer will recognise my intended studies at BMT College and if the curriculum and qualification is applicable to my situation.
6. I confirm that I have to satisfy the requirements of the programme and due performance as laid down by BMT College.
7. I declare that all particulars furnished by me on this form are true and correct and I undertake to comply with the rules regulations and decisions of BMT College and any amendments thereto and have taken note of advise which may be applicable to students in general and or to the field of study for which I have registered.
8. I acknowledge and agree that this form, by signature thereof, becomes a binding contract.

SIGNATURE:

DATE:

BUSINESS MANAGEMENT TRAINING COLLEGE

TEL: 011 708 0159 | FAX: 086 639 4687 | E-MAIL: INFO@BMTCOLLEGE.EDU.ZA

PRIVATE BAG X100; BRYANSTON; 2021 | 147 SECOND RD; CHARTWELL; 2191

www.bmtcollege.edu.za

BANKING DETAILS:

NEDBANK
Acc # 1984 388 606 - Cheque
Branch: 1984 05 - Randburg
Swift: NEDSZAJJ

ABSA
Acc #: 407 791 4327 - Cheque
Branch: 632005

Provisionally registered with the Department of Higher Education and Training until 31 December 2016 as private higher education institution under the Higher Education Act, 1997, Registration No. 2011/HE07/002 Registered Credit Provider: NCRCP473
Business Management Training College (Pty) Ltd 2005/011378/07
Directors: B.A. van der Linde, J.J.J. Poolman, M. Turner