

REGISTRATION FORM

Please complete and return with proof of payment to: info@accprof.co.za or fax: 086 5088 335

Name of company or person responsible for the account:	
Postal address:	
Vat number:	
Contact details:	

Name of learner:	
Surname of learner:	
Id number of learner:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Language:	
Equity Code (Race – for statistical purposes only)	African <input type="checkbox"/> Indian / Asian <input type="checkbox"/> White <input type="checkbox"/> Coloured <input type="checkbox"/>
Contact Details (include dialling code for telephone numbers please)	Work: Home: Cell: Fax: Email:
Address (Postal or Physical):	

Course name:	
Course start date:	
Day course or evening course?	Day <input type="checkbox"/> Evening <input type="checkbox"/>
Disability Status	
Special Needs (Please tick the relevant block to indicate “yes” to any of these conditions, and provide details:	Dietary <input type="checkbox"/> Details Religious <input type="checkbox"/> Medical <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/>
Next of kin Contact details (please provide name, telephone number, and relationship)	

Do you have accounting experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sales	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Purchases	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Casbook entries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bank reconciliation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Journals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you currently work on pastel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of package		
Did you pass Accounting grade 10?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you feel that you are computer literate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you attended other courses? Please name them	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you know how to get to the venue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you know that you need to bring a calculator and stationary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In which industry are you currently working & in which industry would you like to be working?		
What are your expectations of the learning program?		
Learner Date Completed		
Learner Signature (I need the original on attendance date)		

Further information

Day classes (Monday to Thursday)

08:45 - 16:30 with 2 tea breaks of 15 min each & 45 min lunch

Course venue

7 Wagner street, Brackenfell, Proteaheights

Bank details

RC de Kock, Absa cheque, 40-5885-8627

Payment terms

50% Deposit to confirm booking. Balance on first day of course