

Enrolment Form

Fax: 011-8796603

COURSE DETAILS

COURSE NAME

Basic Electricity Module 1

COURSE DATE

YOUR DETAILS

Title

Mr.		Mrs.		Ms		Miss	
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Surname

Full Names

Identity Number

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CONTACT DETAILS

Work Phone

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Fax Number

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Cell

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E-mail

EMPLOYER/EMPLOYMENT DETAILS

Company

Occupation

How long in present occupation?

Contact person

Employer Address

Postal Code



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In order for us to make the course more beneficial, please supply us with the following information:

What is your working experience? From current to previous

What is your educational background?

