

INDUSTRY UP-SKILLING PROGRAMME

ENROLMENT FORM

Office use only

Course Code:

Transfer to:

NOTE: COURSE FEES MUST BE PAID PRIOR TO THE START DATE

Name of Course:

Course Reference Number:

Course Date:

**PERSONAL DETAILS**

First Name: Surname

Date of Birth: Gender:

Employer:

Phone Numbers: (Cell and Landline):

Email:

Ethnicity:

Highest Educational Qualification:

**OCCUPATION**

What is your main occupation?

**SUPPORT AND ASSISTANCE**

Do you suffer from any medical conditions that the tutor should be aware of? *(If yes, please specify what type of assistance you require)* **YES/NO**

Do you have any special learning needs? *(If yes, please specify what type of learning assistance you require)* **YES/NO**

**OTHER INFORMATION**

Where did you hear about this course? (e.g. Newspaper etc)

Signature: Date:

**Disclaimer:** Please be advised that photographs may be taken during this course for use on the CITTI website including our official Facebook page for marketing materials and other institute publications. By signing this form, you consent to CITTI photographing or videoing and using your image for this purpose only.

**Tick this box if you wish to withdraw your consent for the above.**