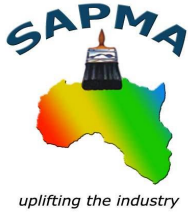


Training Registration Form



SA Paint Manufacturing Association
 Tel: 010 900 6823 / 076 792 0048 | www.sapma.org.za
 1 Casino Road, Foundershill, Modderfontein, 1609, Johannesburg

OFFICE USE ONLY

| | |
|-----------------------|--|
| Assessment Result: | |
| Credentials Attached: | |
| A/c No: | |
| Amount: | |
| Invoice No: | |
| Module: | |
| Letter/Card: | |

How to complete this form

- Please type in the blocks. No more hand written forms are acceptable
- To avoid administration delays, please make sure this form is completed in full.
- **Once it is complete, please email this form to: training@sapma.org.za**

SECTION A: PERSONAL DETAILS - APPLICANT

Have you registered/studied with SAPITI before? No Yes If yes, please state your student number here

Mr Mrs Miss Ms Initials Surname

First Name: Known as

Gender: Male Female Home Language: Nationality:

Marital Status: Single Married Divorced Widowed

Race: Black White Coloured Indian Other (please specify)
(Required by Government for statistical purposes)

SA Identity Number or Passport number if not SA Citizen **Please supply a copy of your ID/Passport**

Highest School Qualification attained:

Highest Tertiary Qualification attained:

Do you have any disabilities? No Yes

If Yes, Please state your disability and/or impairment:

Work No: Home No: Fax No:

Cell No: Email (for course correspondence)

SECTION B: EMPLOYMENT DETAILS - APPLICANT

Company Name:

Is your Company a member of SAPMA? No Yes

Postal Address: Postal Code:

Physical Address: Postal Code:

Switchboard Tel: Your Occupation

Number of years in the industry: Department:

My Line Manager's name: Email:

My HR Manager's name: Email:

My Training Officer's name: Email:

Course results for my personal file must be sent to:

Name: Email:

Applicant's Signature: Date

SECTION C: COMPANY MANAGEMENT APPROVAL (to be completed by Departmental Head)

I agree to the applicant being registered for the specified module/skills programme and confirm the Company is responsible for the upfront payment of the course fee. Invoice to be sent to the following address for payment:

Postal Address: Postal Code

Physical Address: Postal Code

Company Name as per VAT certificate:

Vat Registration No: Your Order number/reference:

Name of contact person responsible for account payment:

Email Address:

Tel: Fax:

Authorizing Signature: Name of Signatory: Date:

I have read and agree to the terms and conditions of my staff member being registered for the specified module/skills programme, and to abide by the course rules and payment policy printed herein.

We ask that your nominated person responsible for payments sign as confirmation of acknowledgement and agreement to pay SAPMA training fees on time.

I, representative of (Company Name):

agree to the advance payment policy stated in Points 1 to 3, herein.

Signed: Name of Signatory: Date:

Witness: Name of Witness: Title of Witness: Date:

(eg: Accountant, Financial Manager, etc)

SECTION E: ONLINE COURSES - Please select which type of training programme

- BCF**
 SAPMA now offers online courses through the BCF (British Coatings Federation). These courses are available online, are shorter technical courses and offer a wide variety of coatings, ink and powder coating modules to suit your training needs.

Please select the applicable module within the levels below

- Level 2 Foundation Level 3 Intermediate Level 4 Intermediate Level 5 Advanced

Module Title & Description will be sent confirmed on email

SECTION F: CONDITIONS OF REGISTRATION

SAPMA PAINT TECHNOLOGY COURSE REGISTRATIONS

Senior certificate or higher qualification is pre-requisite to be accepted as a candidate for the Surface Coating Technology training. A copy of the applicant's relevant qualifications must accompany the enrolment form.

WITHDRAWAL

A withdrawal will be accepted within 3 weeks of the course starting date, provided all study material is returned in good condition to our Head Office, no charge will be made. No refunds or credits will be entertained for any withdrawal at a later time.

DEFERMENT

Students wishing to defer studies must adhere to the following policy:

- Make written application for such deferment.
- The deferment form to be signed by the student's superior, accompanied by the laid down deferment fee.
- If no deferment application is submitted, the student may re-register at a prescribed fee.
- The student must complete the module by the end of the next semester.
- Any further deferment will not be granted, and such a student will have to re-register and pay the full course fee.

RE-WRITING FINAL EXAMS

Students wishing to re-write exams would be charged the re-write fee.

PAYMENT TERMS

Payment must be affected before course starting date. Please e-mail to training@sapma.org.za

Fully completed and signed Payment Policy document must be e-mailed together with the fully completed application form.