



QPD Consultants (Pty) Ltd
Quality People Development

TI01-04

LEARNER REGISTRATION FORM

Contact:	Event Planner	Postal Address:	P O Box 9232
Physical Address:	1 Willow Road		Newcastle 2940
	Durnacol	Fax No:	(034) 622 5386
Telephone:	(034) 622 5040	Website:	www.qpd.co.za
Email:	qpdadmin@qpd.co.za		

LEARNING INTERVENTION DETAILS

Course Name		Course venue	
Date of Enrolment		Course date	

PERSONAL DETAILS

Title		Cell	
First Name		Phone	
Surname		Fax	
ID Number			
E-mail			
Postal Address		Post Code	
Core business		SETA	
Highest education level attained:			
Do you have any disabilities? If so, what?			
Learner's field of work			
Special dietary requirements			

INVOICING DETAILS

Invoice to			
Company Name		Phone	
VAT Registration No		Fax	
Postal Address		Post Code	
Courier Address		Post Code	

PAYMENT DETAILS

Payment Due	Fee	Vat	Total	Date Due	As per invoice
Banking Details	Acc Holder: QPD Consultants (Pty) Ltd		Bank: Standard	Branch Code: 057724 Account Type: Current	Acc No. 062098918

Conditions	<ul style="list-style-type: none"> • Enrolments for the learning program close 7 days prior to the training date. • Client will be invoiced on receipt of booking form or 2 weeks before the training date. • Please deposit course fees prior to the training date. • Cancellations received in writing not less than 7 working days before the course will receive a 50 % refund per delegate. Cancellations received less than 7 days prior to the course will be liable for full payment. The delegate will be entitled to a full set of the training materials. • QPD Consultants cannot be held liable for any losses or damage to property brought to any of their workshop venues or QPD premises, or for any injuries occurring at any of their workshop venues or on QPD premises.
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I confirm that the information I have provided is correct and I accept responsibility for payment of this account

Signature: _____ Name: _____ Date: _____

Where did you hear about us? _____

Would you like to be informed of upcoming courses? _____

To confirm booking: Fax **SIGNED** form to 034 622 5386