



# SKILLS DEVELOPMENT SPECIALISTS cc

CK 1997/032844/23 TETA Accreditation No: TETA03-022 SAAFF Member No : SN 50139  
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FOR SDS USE:		EN:	INVOICE:	SL:	CL:
<b>CONTRACT OF ENROLMENT</b> (PLEASE INCLUDE A COPY OF YOUR ID/PASSPORT)				Please note your booking will only be confirmed upon receipt of this completed form. Please e-mail to: <a href="mailto:info@sdstraining.co.za">info@sdstraining.co.za</a>	
NAME OF COURSE:			START DATE:	INVESTMENT:	
REGION ATTENDING COURSE (JHB, DBN, PEZ ETC.): (Please tick applicable region)					
First Name(s)			Surname		
IDENTITY NO:					
COMPANY NAME & POSTAL ADDRESS		Postal Code	Tel no.	Cell no.	
STUDENT EMAIL ADDRESS		(PLEASE PRINT CLEARLY)			
STUDENT POSITION IN COMPANY					
SUPERVISOR/MANAGER			Email address:		
<b>INVOICE DETAILS (COMPLETE IF COMPANY SPONSORED)</b>					
<b>ACCOUNTS CONTACT PERSON:</b>			<b>COMPANY VAT REGISTRATION No.:</b>		
NAME:					
EMAIL ADDRESS:			<b>CLIENT ORDER NUMBER (IF APPLICABLE):</b>		
In the event of unforeseen circumstances, SDS reserves the right to change the program, dates or venue. Courses are subject to a minimum number of students and should a course be cancelled for this, or any other reason, an alternative course date will be arranged. If attendance is not possible on the alternative date, any fees already paid will be refunded in full.					
<b>Conditions:</b>					
<ol style="list-style-type: none"> <li>The full course fee is to be paid on or before the starting date of the training course. Any amount not paid on the due date will carry interest at 2.5% p.m.</li> <li>A certified copy of the relevant pre-entry qualification must accompany this enrolment form (where applicable)</li> <li>The student and sponsor undertake to pay legal collection costs on an attorney and client scale, including collection and tracing fees, should Skills Development Specialists institute action for recovery of any arrears amounts.</li> <li>This is the full agreement between the parties, and no indulgence granted by Skills Development Specialists will be deemed to be a waiver of any rights of Skills Development Specialists or operate as an estoppel.</li> <li>No variation or consensual cancellation of this agreement will have any force or effect unless reduced to writing and signed by both parties.</li> <li>Skills Development Specialists reserve the right of admission.</li> <li>The following service level documentation in respect of the training provided as stipulated on this enrolment form are available (upon written request addressed to the Manager Training: Henri de Goede email <a href="mailto:henri@sdstraining.co.za">henri@sdstraining.co.za</a>): Attendance/Self-Test Register (T5), Course Evaluation Questionnaire (T1), Trainee Performance Evaluation (T2), SDS Letter of Final Course Result.</li> <li>TETA Provider Statement of Qualifications and Unit Standards available from Henri de Goede email <a href="mailto:henri@sdstraining.co.za">henri@sdstraining.co.za</a> upon written request.</li> <li><b>If you cannot attend the course:</b></li> <li>You may send a <b>substitute</b> delegate in your place, subject to notification of these changes at least three working days before the start of the training course and provided the substitute student has completed the required pre-qualification test.</li> <li>You may <b>transfer</b> once at no charge to another course, provided you do so <i>in writing</i> at least 5 working days before the course. Transfers inside of 5 days will be charged a late transfer fee of 20%.</li> <li>You may <b>cancel</b> your registration, <i>in writing</i>, up to 5 working days before the course takes place, however a 10% cancellation fee will be levied. Cancellations inside of 5 days will be liable for the full fee.</li> <li>Unfortunately <b>no refund or credit</b> can be given to delegates who do not attend without giving prior notice.</li> </ol>					
I,.....			and We, .....		
The abovementioned student			The sponsoring company / Parent or Guardian (if privately sponsored)		
Hereby agree to be jointly and severally liable for the total fee. I/we further agree to accept the above terms and I/we will be liable for all costs incurred.					
SIGNATURE STUDENT.....			SIGNATURE COMPANY/ PARENT.....		
DATE .....			COMPANY STAMP.....		