

**TRAINING APPLICATION FORM**

<b>COURSE APPLYING FOR:</b> (Eg. Professional, Manager, Supervisor, Officer, etc)		
<b>Title:</b> (Engr.Dr.Mr.Please specify):	<b>Sex:</b>	<b>Date of birth:</b>
<b>SUR NAME:</b> (CAPITAL LETTER)		
<b>FIRST NAME(S):</b>		
<b>Phone NO:</b>		

<b>Email:</b>	
<b>Job Title:</b>	<b>Nationality:</b>
<b>Address:</b>	<b>State/City:</b>
	<b>PROFESSION/DISCIPLINE:</b> e.g Law, Civil Engr. etc

All our courses require a good level of written and spoken English. Please indicate your proficiency in English: 1= poor 5 = excellent		
Write ( )	Read ( )	Speak ( )

<b>PAYMENT DETAILS</b>		
<b>Date Paid:</b>	<b>Slip NO:</b>	<b>Name of Account Paid to:</b>
<b>Amount Paid:</b>	<b>Location:</b>	

**TERMS AND CONDITIONS:**

- On completion of the form, kindly return for documentation purposes.
- Cancellation of course by candidate is allowed but Cancellation Policy shall be followed.
- Training is not transferable to another delegate but can be reschedule
- Candidates are required to pick their certificate (s) from the Authorised Training Co-ordinator..

**DECLARATION**

To be completed (in capital letters) and signed by the candidate.

I \_\_\_\_\_  
confirm that I have agreed on the terms and condition of the above mentioned training course.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PAYMENT DETAILS:**

**Acc Holder:** Palime Group

**Bank Name:** First National Bank

**Acc Number:** 62696006892 -- Code: 251037

Call: +27 (0) 727496149, +266 51474079

**Email:** [southafrica@oshassociation.org](mailto:southafrica@oshassociation.org)

**NOTE:** Fill the Form and Scan to the above email.