**ENROLMENT FORM PLEASE COMPLETE FORM IN PRINT & IN BLACK**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Invoice my Company  Company Name | | |  | | | | | | | | |
| VAT Nr: | | |  | | | Address: | | | | | |
| Company Contact Name & Email Address for Payment Purposes | | | Name:  Tel: | | | Email: | | | | | |
| **LEARNER - WHO IS PAYING THE ACCOUNT? - PLEASE TICK 🞏 Myself 🞏 My company** | | | | | | | | | | | |
| Name: |  | | | | | | | | | | |
| Surname: |  | | | | | | | | | | |
| \*ID Number: |  | | | | | | | | | | |
| Cell / Tel Phone Nr: |  | | | | | | | Fax Nr: |  | | |
| \*Email: |  | | | | | | | | | | |
| **QUALIFICATION:**  **Mark your option 🗷** | | **National Certificate: Animal Production**  **Start date: JUL 2020**    **Start date: FEB 2021** | | **National Diploma: Animal Production**  **Start date: JUL 2020**    **Start date: FEB 2021** | | | **National Certificate: Plant Production**  **Start date: JUL 2020**    **Start date: FEB 2021** | | | | **National Diploma: Plant Production**  **Start date: JUL 2020**    **Start date: FEB 2021** |
| **PAYMENT OPTIONS:**  **Mark your option 🗷** | | **ONCE-OFF PAYMENT** | | | | | **PAYMENT PLAN** | | | | |
| **ACCOMMODATION:**  **Mark your option 🗷** | | **CULLINAN FARM**  Accommodation R3 500 per month | | | **PRIVATE ACCOMMODATION**  Arrange own accommodation | | | | | **CORRESPONDENCE LEARNING** | |

* Deposit payment to be made to confirm registration. Once we receive the payment an Invoice will be send to you. Please provide us with a valid email address/ fax number to forward information to.
* Payment can be made using the Quotation number as your Reference.
* NO REFUNDS will be paid if the course assignments were not completed on time, no late assignments will be assessed without prior arrangement.
* **Please complete this form in print and email the form to** [**admin@agriskills.net**](mailto:admin@agriskills.net) **/** [**lizette@agriskills.net**](mailto:lizette@agriskills.net)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Dates & prices can be amended / changed /postponed without prior notice.***

***Please confirm with the office. the week before your training starts.***