

## COURSE BOOKING FORM

<b>Training Course:</b>	Beginners Meat Course <input type="checkbox"/>	<b>Date(s) of Training:</b>	
	Intermediate Meat Course <input type="checkbox"/>		
	Advanced Meat Course <input type="checkbox"/>		
	Other _____		
<b>Type:</b>	Training ONLY <input type="checkbox"/>	Training & Assessment <input type="checkbox"/>	Assessment ONLY <input type="checkbox"/>
<b>Attending training in:</b>	CAPE TOWN <input type="checkbox"/>	JOHANNESBURG <input type="checkbox"/>	DURBAN <input type="checkbox"/>

### ATTENDEE PERSONAL DETAILS

(Please supply the following information as it is required for the National Learner Record Database)

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Full Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality: \_\_\_\_\_

Equity: Black  Black:Coloured  Black:Indian  White  \*Statistical purposes only

Gender: Male  Female

ID Number:

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Physical Address (Home)					Postal Address (Home)				
<b>City</b>		<b>Postal code</b>			<b>City</b>		<b>Postal code</b>		
<b>Province</b>	Eastern Cape	Northern Cape	Western Cape	Free State	KZN	Mpumalanga	Limpopo	Gauteng	North West
<b>Municipality</b>									
<b>Tel:</b>		<b>Fax:</b>			<b>Cell:</b>				
<b>Email:</b>									



Work experience:

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### EMPLOYMENT DETAILS

Employment Status:      Employed                       Unemployed

Your Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

SDL Number: L \_\_\_\_\_ SDF Name: \_\_\_\_\_

SDF Contact Details: Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Physical Address (Company)					Postal Address (Company)							
City				Postal code				City			Postal code	
Province	Eastern Cape	Northern Cape	Western Cape	Free State	KZN	Mpumalanga	Limpopo	Gauteng	North West			
Tel:				Fax:				Cell:				
Email:												
Your Managers name: _____												

### COURSE FEES & BANKING DETAILS

<b>BEGINNERS</b>	<b>Training:</b>	<b>R4 995.00</b>	<b>ABSA - ADDERLEY STR, CAPE TOWN ACCOUNT NUMBER - 01097860013 BRANCH CODE - 500109 QUOTE REF: B + YOUR NAME &amp; SURNAME = BEGINNERS I + YOUR NAME &amp; SURNAME = INTERMEDIATE A + YOUR NAME &amp; SURNAME = ADVANCED AS + YOUR NAME &amp; SURNAME = ASSESSMENT <b>ALL PRICES ARE EXCLUDING VAT</b></b>
	<b>Equipment requirements</b>	<b>R 480.00</b>	
	<b>PVC apron</b>	<b>R 35.00</b>	
<b>INTERMEDIATE</b>	<b>Training ONLY:</b>	<b>R5 995.00</b>	
	<b>Training &amp; Assessment:</b>	<b>R9 995.00</b>	
	<b>Assessment ONLY:</b>	<b>R4 000.00</b>	
<b>ADVANCED</b>	<b>Training ONLY:</b>	<b>R2 599.00</b>	
	<b>Training &amp; Assessment:</b>	<b>R4 995.00</b>	
	<b>Assessment ONLY:</b>	<b>R2 500.00</b>	

## EQUIPMENT REQUIREMENTS

Please tick your equipment requirements.

<b>Training Course:</b>	Beginners Meat Course	Supplying own <span style="float: right;"><input type="checkbox"/></span>
		Freddy Hirsch to supply: <ul style="list-style-type: none"> <li>• 1 x boning knife <span style="float: right;"><input type="checkbox"/></span></li> <li>• 1 x steak knife <span style="float: right;"><input type="checkbox"/></span></li> <li>• 1 x meat scraper <span style="float: right;"><input type="checkbox"/></span></li> <li>• 1 x pair of gum boots <span style="float: right;"><input type="checkbox"/></span></li> <li>  <u>Men:</u> size 6 - 12 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size: _____</li> <li>  <u>Ladies:</u> size 4 - 8 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size: _____</li> <li>• 2 x white over coats</li> <li>  Size 34 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size 38 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size 40 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size 42 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size 44 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size 48 <span style="float: right;"><input type="checkbox"/></span></li> <li>• 1 x white PVC apron <span style="float: right;"><input type="checkbox"/></span></li> </ul>
	Intermediate Meat Course	Freddy Hirsch to supply: <ul style="list-style-type: none"> <li>• 1 x pair of gum boots <span style="float: right;"><input type="checkbox"/></span></li> <li>  <u>Men:</u> size 6 - 12 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size: _____</li> <li>  <u>Ladies:</u> size 4 - 8 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size: _____</li> <li>• 2 x white over coats</li> <li>  Size 34 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size 38 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size 40 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size 42 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size 44 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size 48 <span style="float: right;"><input type="checkbox"/></span></li> </ul>
Advanced Meat Course	Freddy Hirsch to supply: <ul style="list-style-type: none"> <li>• 1 x pair of gum boots <span style="float: right;"><input type="checkbox"/></span></li> <li>  <u>Men:</u> size 6 - 12 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size: _____</li> <li>  <u>Ladies:</u> size 4 - 8 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size: _____</li> <li>• 2 x white over coats</li> <li>  Size 34 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size 38 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size 40 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size 42 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size 44 <span style="float: right;"><input type="checkbox"/></span></li> <li>  Size 48 <span style="float: right;"><input type="checkbox"/></span></li> </ul>	

## IN CASE OF EMERGENCY DETAILS

Name of person to contact: \_\_\_\_\_

☎ of contact person: \_\_\_\_\_

Medical Aid number: \_\_\_\_\_

Medical Aid plan: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

☎ Doctors: \_\_\_\_\_

Which hospital would you prefer to go to? \_\_\_\_\_

Chronic illness: \_\_\_\_\_

Allergies: \_\_\_\_\_

## ATTENDEES LIABILITIES

I, \_\_\_\_\_, hereby agree to be liable for the course fee, or the cancellation fee, whichever is applicable. (refer Learner Withdrawal Policy)

I further agree that failure by the learner to attend the learning interventions, **without timeous notification there-of** will not reduce my liability in terms of this training contract.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## TERMS & CONDITIONS

- 1. Payment Terms:** Payment is due upon registration. Course registrations cannot be confirmed unless payment in full has been received. Freddy Hirsch Group reserves the right to refuse admission if payment in full is not received.
- 2.** If payment is made by direct deposit, kindly fax proof of payment.
- 3.** Course registration is processed upon receipt of completed and signed course booking form, copy of delegate's ID and proof of payment.
- 4.** Substitution of delegate for another is allowed up to 5 working days before the start of the course.
- 5. Cancellation Policy:** Freddy Hirsch Group reserves the right to cancel / re-schedule the course due to the minimum enrolment numbers and is not responsible for any cost incurred by the learner as a result. The fees paid in this respect will not be refunded but credited to a future course.
- 6. Learner Withdrawal Policy:** Notice of withdrawal must be in writing (indicating intention, reasons and signed) and submitted to The Freddy Hirsch Group, either by fax, by hand or by email. Should this not be possible, telephonic notification will suffice.
- 7. Learner Refund Policy:** A learner who withdraws from the course, will be charged as follows:
  - 7.1** Withdrawal within 5 working days of commencement of course = administrative cancellation fee of **50%** of course fee.
  - 7.2** Withdrawal after commencement of course = **full** course fee.
  - 7.3** No refund or credits can be given, but you may transfer to another course or a substitute delegate may be sent.

I, \_\_\_\_\_ (learner name), hereby declare that I accept the terms & conditions required by Freddy Hirsch Group.

Signed \_\_\_\_\_

Date \_\_\_\_\_

*NOTE: SEND THIS FORM BACK WITH A COPY OF YOUR ID.*