

LIVINGSTONE TOURISM ACADEMY

LEARNER REGISTRATION FORM 2017/GANSBAAI/OCTOBER'17

PROVIDER DETAIL:	
COMPANY NAME & No.	: Livingstone Tourism Academy (LIV011)
PROVIDER CODE	: 613/P/000010/2004
CONTACT PERSON	: JACQUES NELL
CONTACT NUMBER	: CELL: 084 730 1659/TEL: 021 887 3488/FAX: 086 212 5431

LEARNER DETAILS:	
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1. New Registration:

TITLE & INITIALS	:			
NAME & SURNAME	:			
MAIDEN NAME	:			
RSA ID NUMBER	:			
ALTERNATE ID NO	:			
PASS PORT NUMBER	:			
DATE OF BIRTH	:			
GENDER	:	Male:		Female:
EQUITY	:	Mark with an "x": White / Black African / Coloured / Asian / Indian		
NATIONALITY: EG. SOUTH AFRICAN	:			
CITIZEN RESIDENTIAL STATUS: E.G. S.A. CITIZEN; NON-S.A. CITIZEN; REFUGEE STATUS; RESIDENCY PERMIT; WORK PERMIT.	:			
HOME LANGUAGE & OTHER	:			
DISABILITY STATUS	:			
GEOGRAPHICAL AREA	:			
SOCIO – ECONOMIC STATUS	:	Mark with an "x":	<i>Employed</i>	<i>Unemployed/Previously Employed (pensioner; student; house wife; etc.)</i>
YEARS IN OCCUPATION	:			
TELEPHONE No: (WORK)	:	()		
TELEPHONE No.: (HOME)	:	()		
FAX No.:	:	()		
E-MAIL ADDRESS	:	@		
MOBILE NUMBER	:			
PREFERRED WAY OF CONTACT	:			
RESIDENTIAL ADDRESS	:			
		Code:		
POSTAL ADDRESS	:			
		Code:		

LEARNING PROGRAMME DETAIL:	
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NAME OF REGISTERED PROGRAMME:	: Culture Site Guide - Level 4 SAQA ID: TGD/SGd/4/0031	: Further education and training certificate- Tourist Guiding – Level 4 SAQA ID:71549
DATE OF REGISTRATION	:	:

COURSE DATES 2017

1.	30 OCTOBER-04 NOVEMBER-04 DECEMBER '17/GANSBAAI	FINAL ASSESSMENTS-04 DECEMBER '17	
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FULL COURSE FEE = R 6250 (TO BE PAID UPON REGISTRATION)

**NB: Please forward an abridged CV of yourself as well as all other documents listed under
REGISTRATION: FAX to 086 212 5431 EMAIL: livingstoneta@live.com**

METHOD OF PAYMENT	:		
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DEPOSITS ARE NON-REFUNDABLE AND CAN BE DEPOSITED DIRECTLY INTO THE ACCOUNT OF LIVINGSTONE TOURISM ACADEMY. PLEASE FAX DEPOSIT SLIP TOGETHER WITH YOUR REGISTRATION DOCUMENTS TO FAX NO. 086 212 5431

IF YOUR APPLICATION IS UNSUCCESSFUL, YOUR DEPOSIT WILL BE RETURNED PROMPTLY TO YOU.

BANKING DETAILS:

BANK NAME	:	ABSA
BRANCH NAME	:	STELLENBOSCH
BRANCH CODE	:	632005
ACCOUNT HOLDER	:	CTHSTC
TYPE OF ACCOUNT	:	SAVINGS ACCOUNT
ACCOUNT NUMBER	:	9257758657

SIGNATURE: _____