

ALERTS PROFESSIONAL SERVICES

(Investing in Learning)

AT-SA Training Provider Number: ATA0055/0521



PLEASE PRINT IN BLACK INK

Enrolment for a Qualification

(List of qualifications to choose from):

ID SAQA	QUALIFICATION	NQF LEVEL
73710	Certificate: Accounting Technician	3
77143	FET Certificate: Accounting Technician	4
80189	Certificate: Accounting	5
73710	Certificate Accounting Technician: Public Sector	3
77143	FET Certificate Accounting Technician: Public Sector	4
80189	Certificate: Accounting Public Sector	5
59751	Certificate: Local Government Accounting	3
73712	FET Certificate: Local Government Accounting	4

1	Existing APS Student Number											2	Qualification code (e.g., 73710)								
3	Surname, Initials, Title (e.g. Mutsi Ltd)																				
4	First Names																				
5	Maiden name and/or previous																				
6	Date of birth	Year	Month	Day	7	Gender (Mark with an ✓)	Male	Female													
8	Identity number or Passport number																				
9	Physical disabilities	(i) None		(ii) Other (specify)																	
10	Contact details (Dialing code and number)	Tel (h)	()																		
		Tel (w)	()																		
		Cellphone	()																		
		Fax	()																		
E-mail address:																					
11	Home Language																				
12A	Postal Address and Postal Code										12B	Physical address and Postal Code									
	Postal code											Postal code									
13	Please indicate the mode in which you would like to receive your study Material (Mark with										Post	Courier									

INFORMATION GIVEN IN QUESTION 14 - 18 IS USED FOR STATISTICAL PURPOSES ONLY

14	Nationality											15	Population Group					
16	Occupation																	
17	Economic sector (e.g., Banking, Education)																	

REGISTRATION FORM

18	Give particulars of all previous registrations at APS and/or another educational institution, starting with the most recent registration				
	Institution(s) <small>(e.g., APS, UJ, Wits)</small>	Degree(s)/diploma(s) <small>(e.g., BA, BA HONS, PGD)</small>	Year(s) <small>(e.g., 2017-2019)</small>	Student number(s)	If completed, state year(s)

Questions 19 to 22 must be answered

19	Highest school Qualification <small>(e.g., Grade 10/Grade 12)</small>	Grade 12 examination number, if available													
-----------	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--

20	Indicate the module for which you wish to register	For office use only				
	Module code	Semester/Intake	Year			
		1	2			

Please Note: All modules are offered in English only

21 Please include the following documents with the completed and signed application form. **Failure to submit these documents with your application form will result in your application not being processed.**

A. A certified copy of your Identity Document/Passport (copy of driver's license is not acceptable)
 B. A certified copy of your highest qualification (foreign qualifications must be evaluated by SAQA before being sent to APS)

Please note the following:
 And upon receiving all required documents, you will be temporarily registered and issued you with a student number; this will take approximately 5-10 working days.
 Once a student number has been allocated, confirmation of your temporary registration will be sent to you e-mail. Included in this communication will be the banking details.

- You will then be required to pay the registration fee at any Nedbank branch or by means of EFT, using your student number as reference number.
- Proof of payment should be sent to us by email **Gervasem@alertsprofessionalservices.co.za** and thereafter Study Material will be dispatched to you.
- Completed registration form must be returned to **Gervasem@alertsprofessionalservices.co.za**

22 DECLARATION AND UNDERTAKING – I declare that all the particulars furnished by me on this form (including any attachments) are true and correct, and I undertake to comply with the rules, regulations and decisions of APS, and any amendments thereto. I understand that any false information supplied could lead to my application being disqualified.

Surname:

.....

First Names:

.....

Date: Learner's signature:

REGISTRATION FORM

Name and Surname

Relationship

E-mail

Tel

Cell

Sponsor Details

Company/School Name

Designation/Grade

Department

Tel

Industry

International dialling code

Years' work experience

Municipality

APPLICATION FORM

Please ensure that you read, sign and return the Terms and Conditions. Signing this form indicates that you have read, understood, and agreed to the Terms and Conditions.

I, _____
APS and accept full liability for the payment for the course.

Signature (applicant)

Date

Signature (sponsor)

Date