



**PRESTIGE ETD GROUP**  
CONSULTING

## COURSE BOOKING FORM

Website: [www.prestige-etd-group.co.za](http://www.prestige-etd-group.co.za) Phone: 084 828 8648 / 084 678 4254

Please complete this form and email to Renée or James at [renee@prestige-etd-group.co.za](mailto:renee@prestige-etd-group.co.za) [james@prestige-etd-group.co.za](mailto:james@prestige-etd-group.co.za)

On receipt of your booking form we will send you an invoice for payment. Your course booking will only be confirmed on receipt of the full course fee.

Please note: Learners will not be enrolled on a course without a booking confirmation form.

### Account Details

Please indicate who will be paying the account:	Delegate	
	Company	
	Sponsor	
Invoice		Vat No.:
Postal Address		
Postal Code		
Physical Address		
Postal Code		
Name of person responsible for account payment:		
Email address:		
Landline	Mobile	Fax. No.

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Review: Senior Manager			

## Delegate Information

*(Please complete for each delegate booked on the course)*

<b>Title</b> (Ms. /Mr./ Mrs./ Dr. etc)		<b>Initials</b>	
<b>Name</b>		<b>Surname</b>	
<b>I.D. Number</b>		<b>Date of Birth</b>	
<b>Employment Status</b>		<b>Company / Institution Name</b>	
<b>Occupation</b>		<b>Industry</b>	
<b>Experience (in years)</b>			
<b>Facilitation</b>		<b>Assessment</b>	<b>Moderation</b>
<b>Please list any special requirements or disabilities that we should be aware of:</b>			
<b>Landline</b>		<b>Mobile</b>	
<b>E-mail Address</b>			
<b>Postal Address</b>			
	<b>Postal Code</b>		
<b>Physical Address</b>			
	<b>Postal Code</b>		

**Please indicate below which course/s this delegate must be enrolled on:**

*(NB – Delegates may enroll for the Moderator Course two months after the successful completion of the Assessor Course)*

Course Name	Unit Standard I.D.	Investment Correspondence Course	( X o r √ )	Investment - Classroom Training (training dates to be advised)	( X o r √ )	Start Date:	End Date:
Facilitator Course	117871	R 3 800-00		R 5 800-00			
Assessor Course	115753	R 4300-00		R 6300-00			
Moderator Course	115759	R 4100-00		R 6100-00			
Identify Special Needs	10294						
Quality Management Systems	15228						
Skills Development Coordinator	15232						
Design Assessments	115755						
Learner Guidance and Support	117874						
Develop ETD Policies	123391						
Develop Inclusive Education Programmes	252492						
	<b>Special Dietary Requirement/s:</b>						

### Course Booking Summary

*\*Please ensure that all delegates enrolled on the course meet the course entry requirements as indicated on the course brochure.*

Please complete the delegate booking summary below:

	First Name	Surname	Course Name	Corporate (√)	Correspondence (√)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

# Terms and Conditions

## Course Fees and Payment Regulations

- i. A non-refundable course booking fee of R 1000-00 **per delegate** is payable into the following account with all course bookings. (Proof of payment must accompany all course bookings.) **NOT APPLICABLE TO CORRESPONDENCE COURSES. FULL COURSE FEES ARE PAYABLE PRIOR TO LEARNING MATERIALS BEING SENT VIA DROP-BOX.**

Account Holder: **Prestige ETD Group (Pty) Ltd**

Bank: **Standard Bank**

Branch Name: **Margate**

Branch Code: **05-10-01**

Account Number: **02-070-637-5**

- ii. **Full course fees are payable on receipt of invoice and not later than 1 week prior to the commencement of the course.**
- iii. Proof of payment must be e-mailed to [renee@prestige-etd-group.co.za](mailto:renee@prestige-etd-group.co.za) or [renee@setaservices.co.za](mailto:renee@setaservices.co.za) prior to confirmation of bookings.
- iv. Course bookings will not be accepted within 3 days prior to the commencement of the course unless there is a cancellation, or by special arrangement with Management.

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## Classroom Training - Withdrawals, Cancellations and Refunds

- i. A delegate is permitted to withdraw from a course within 3 days of booking and registration on a course.
  - ii. Booking cancellations received after 3 days from date of booking / registration, and within 2 weeks of the commencement of the course will **not** receive a full refund. Delegates will have the option to be booked on the next suitable available course date.
  - iii. The delegate will be responsible for the full course fee if the withdrawal or cancellation of a course is received more than 7 days from registration or once the course has commenced.
  - iv. The full course fee is payable for cancellations made after 3 days of booking.
  - v. The booking fee charged for enrollment on a course is strictly non-refundable.
  - vi. Should a course be postponed by Prestige ETD Group for any reason whatsoever, fully paid delegates will have the option of being booked on the next suitable course date at no extra charge.
  - vii. Should a course be cancelled by Prestige ETD Group for any reason whatsoever, fully paid delegates will receive a full refund.
  - viii. Prestige ETD Group reserves the right to postpone or cancel a course should there be insufficient delegates.
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# ACCEPTANCE, AUTHORISATION AND CANDIDATE COMMITMENT

Date:

Dear Candidate,

You or your employer has requested your enrolment on the \_\_\_\_\_ (*insert course name*) course with Prestige ETD Group (Pty) Ltd.

To ensure that effective learning and assessment takes place, there needs to be a commitment from you that you will complete the required training and endeavour to do your best to achieve the desired learning and assessment results. You are also required to commit to submitting the required evidence in support of your application as well as in support of your learning milestones as required by your facilitator and assessor.

## Candidate Declaration of Commitment:

I, the undersigned, undertake to fulfil all the requirements of the learning intervention and / or assessment practices as specified by the facilitator and/or assessor and Prestige ETD Group.

We (delegate and/or the employer / sponsor) agree to abide by the terms and conditions as stipulated above.

\_\_\_\_\_  
Full Name/s of Candidate

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian / Sponsor Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date