

## LEARNING PROGRAMME ENROLMENT

(Please print and indicate with X where applicable)

E-mail to: GP: fridah.matuludi@plasticssa.co.za; KZN: desiree.reddy@plasticssa.co.za; WC: zikhona.nokama@plasticssa.co.za COMPANY INFORMATION

OOMI AITT III		***************************************			_						
Company name					VAT No.			SDL No.	<u> </u>		
Postal Address			0.4.		Physical	Address	s		01		
			Code	<del></del>	]	Г			Code	<del>)</del>	
Telephone No.				E-mail	l address						
Plastics SA Member Company YES NO If YES, which Association, e.g. PCA?											
SETA Funded? YES NO If YES, source of funding											
Employer Funded YES NO											
If programme is	a registe	ered <b>mer</b> SE	ETA Skills Pro	ogramme, w	vould you li	ke to reg	gister the	learner with	a SETA	<b>\?</b>	
Particulars of person submitting the enrolment form (to whom all training correspondence should be sent)											
Title Mr Ms Other First Name & Surname											
Position/Designation	ation										
Telephone No. E-mail address											
Particulars of person responsible for paying the invoice											
	Ms	Other		me & Surna							
Telephone No.				☐ E-mai	l address						
LEARNING PE	ROGRA	MME INF	ORMATION		1 444.522						
Programme				<u> </u>			Purch	nase Order	No.		
Dates				/enue G	Gauteng	KZN		wc	Oth	er	
LEARNER'S II	NFORM	MATION	(NB: A copy					_			<u>nt)</u>
Title Mr	Ms	Surname				First Nam	nes				
Known as	14.0			$\overline{}$							
		2 1 14									
Race B W C A Gender M F Specific dietary requirements											
Home Language Disability Y N If yes, specify											
*SA citizen Y N If no, which country Passport No.											
*Please note that non-SA citizen must provide a copy of passport and work permit with this enrolment											
Employed \( \)	$\equiv$	If employed					Job Title				
Union member	YN	I If YE	S, name of U	nion			r				
Learner's					-	_earner's					
postal address	-		Codo		physical	address	i			Oc do	
Link Cohool Atte			Code		<u> </u>	' aat Cah	l nool Year	Data		Code	
High School Atte					=	Last Sun	1001 Year	Date			
Highest Qualific					1						
Tel./Cell numbe					l address						
POPIA (Protect for all personal		on this form	, and on othe	r documents	s related to	training,	to be reta	ained by Pla			
		for co	ntact and rec	ord purpose	s only, for	an indefi	inite perio	d of time.			
Employer's			Date		Learner				Date		
Signature			<u> </u>		Signatu						
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NOTE: Plastics SA and its employees will not be held liable for any injury, loss or damage sustained by learners on Plastics SA's premises.											