



# SINU Community Outreach Lifelong Learning Centre

## ENROLMENT FORM: SHORT COURSE TRAINING

### Course Information

COURSE TITLE	
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Personal Information		Employment Information	
FIRST NAME		OCCUPATION	
MIDDLE NAME		ORGANISATION	
SURNAME		ADDRESS	
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female		
DATE OF BIRTH	(dd.mm.yyyy):		
MOBILE *		TELEPHONE *	
EMAIL *		FACSIMILE	
POSTAL ADDRESS			

*If you are being sponsored by your organization, please make sure this is confirmed below*

### Endorsement Confirmation and Sponsorship (Optional)

Supervisor	HR	Sponsorship Confirmation

*I confirm that all the information given above is complete and correct.*

*Community Outreach Lifelong Learning Centre (SINU) reserves the right to postpone or cancel a course on the basis of insufficient registration or for any other reason that will be deemed necessary.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
DATE (dd.mm.yyyy)

### OFFICIAL USE ONLY

Amount Paid/Invoiced	Receipt No.	Date	SINU Staff Name	Signature