



AFFIX
PICTURE
HERE

COURSE REGISTRATION FORM

PERSONAL DETAILS

FIRST NAME:..... SURNAME:

ADDRESS:

..... GENDER: Male Female

TEL. No. :..... CELL NUMBER:.....

DATE OF BIRTH:...../...../..... NATIONALITY:

EMAIL ADDRESS:.....

OTHER INFORMATION

EMERGENCY CONTACT NAME:.....

CONTACT NUMBER:..... FAX NUMBER:

COURSE INFORMATION

COURSE REGISTERED:

QUALIFICATIONS:

LIST DETAILS OF YOUR EDUCATIONAL QUALIFICATIONS:

.....
.....
.....

WORK EXPERIENCE/EMPLOYMENT HISTORY

LIST DETAILS OF YOUR WORK EXPERIENCE/EMPLOYMENT HISTORY

.....
.....
.....

How did you hear about the course? (Tick where appropriate)

Through a friend advert website Brochure

Others -----

I declare that to the best of my knowledge the information supplied in this registration and the supporting documentation is correct and complete. I acknowledge that the withholding of, or provision of incorrect information or documentation relating to this registration may result in the cancellation of registration by AITI-KACE. I understand that AITI-KACE reserves the right to alter admission requirement, staffing or other arrangement without prior notice. I consent to have my personal information and registration records held at AITI-KACE.

I declare that I have read and understood all sections of this form.

SIGNATURE: _____

DATE: _____

