



FAMILY LIFE CENTRE

Training Application Form

Course/workshop: _____ Date of course:

Thank you for requesting information about this course. In order to maintain a high standard of our training programs, we have a minimum and maximum number of participants per training group.

In order to secure your place on the course of your choice, we request a 50% deposit to be paid at least 2 weeks prior to the start of the course.

We look forward to having you on the course.

Deposits can be sent to:
Family Life Centre, 1 Cardigan Rd, Parkwood, 2193

or by way of bank transfer:
Nedbank, Northern Gauteng, Branch Code: 198765, Acc No: 146 9016 397, Cheque Acc.

NB - Please fax the deposit slip to (011) 788-4781 or email it to finance@familylife.co.za for attention Training Department

Any further enquiries can be directed to Training Department on (011) 788-4784 / 5 Or email pat@familylife.co.za or training@familylife.co.za

Attendance at all sessions is a pre requisite for obtaining a certificate

Surname: _____ First Name: _____

Title: _____ Age: _____ ID No: _____ Sex: M F

Home Address: _____

Postal Address: _____

PTO

Telephone No: (h) _____ (w) _____

Fax No: (h) _____ (w) _____

Cell No : _____

E-mail address: _____

Work address: _____

Qualifications: _____

Present occupation: _____

Previous experience in this field, if any: _____

Reasons for wanting to do this course: _____

Where did you hear about this course? _____

Special dietary requirements: _____

Would you like to be added to our database for information on future courses/workshops:

VERY IMPORTANT: PLEASE TYPE CLEARLY THE CORRECT NAME THAT YOU

WANT TO HAVE APPEARING ON YOUR CERTIFICATE:

PLEASE NOTE: Should it be necessary; participants will be informed of any date or time changes.