



REF NO:	CTR-HRD-ENGT-FRM-023	DATE OF:	Implementation	Last Revision	UNCLASSIFIED PLATINUM
VERSION NO:	6		12/21/2016	3/26/2018	

### Course and Accomodation Nomination Form

Engineering Skills Training Centre  
 P O Box 31  
 RANDFONTEIN  
 1760  
 TEL NO. (011) 411-6740  
 FAX. NO. (011) 373-5050

From  
 Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Tel Number: \_\_\_\_\_

Details of Person Attending Course										
Surname and Initials	Designation	Department	Race	Employee Number	Gender	ID Number	Course Title	Start Date	Accomodation & Meals	Lunch Only
			A / I / C / W		M / F					

Approved:	Name:	Signature:	Date:
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Enquiries to the Learnership Administrator (011) 411-6740.  
 Engineering Skills Training Centre must be informed of cancellation at least one (1) week prior to course commencement.

This document is maintained on an online electronic filing system.  
 The printed version should be compared to the online version as it may be outdated.

**NB: Race and Gender are asked for in terms the new Employment Equity Act.**