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Course and Accommodation Nomination Form

Engineering Skills Training Centre
 P O Box 31
 RANDFONTEIN
 1760
 TEL NO. (011) 411-6730/39

From
 Name: _____
 Designation: _____
 Company: _____
 Tel Number: _____

Details of Person Attending Course										
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Surname and Initials	Designation	ID Number	Race	Gender	Medical Fitness Expiry	Course Title	Start Date	End Date	Accommodation & Meals	Lunch Only

Approved:	Name:	Signature:	Date:
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Enquiries to the Learnership Administrator (011) 411-6730.

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 The printed version should be compared to the online version as it may be outdated.