

Learning Programme Enrolment Form: LPEF 01-R04

Issued: Jan 2012

Name of Learning Programme:

SECTION 1: Personal Details

Title:	Surname:			First name(s):					
Type of ID Document	SA		Foreign		ID Number:				
Gender	Male		Female						
Race Group									
African		Coloured		Indian/Asian		White			
Age Group									
16-25		26-35		36-50		51 and Above			

Section 2: Languages (mark with X)

	Speak	Yes	No	Read	Yes	No	Write	Yes	No	Understand	Yes	No
English												
Other (specify)												
	Speak	Yes	No	Read	Yes	No	Write	Yes	No	Understand	Yes	No

Section 3: Educational History

Last school attended:	Highest Grade/Standard Passed:
Subjects:	

Section 4: Tertiary Educational History

Certificate		Provider/Institution	
Diploma		Provider/Institution	
Degree		Provider/Institution	

Section 5: Plastics Manufacturing Learning Programmes Completed

Learning Programme	Provider/Institution	Learning Programme	Provider/Institution

Section 6: Company Information

Name of Employer		Contact		Tel Number	
Fax Number		Cell Number		Email	
Street Address					
Postal Address				Postal Code	

Unless otherwise requested in writing by you, all correspondence regarding your application and certification will be sent to your company at the address as recorded by you on this form

Plastics Manufacturing Process (s) used by company

Please tick the appropriate box	Extrusion Blow Moulding		Injection Moulding		Film Extrusion		Sheet Extrusion		Pipe Extrusion	
	Cable Extrusion		Structural Foam		Thermo Foaming		Injection Stretch Blow Moulding		Injection Blow Moulding	
	Rotational Moulding		Sheet Extrusion		Butt Welding		Electro Fusion Welding		Socket Fusion Welding	
	Hot Air Welding		Extrusion Welding		Composite Fabrication		Compression Moulding		Mono Filament	
	Other									

Section 7: Learner Private-Mailing Information

Address	Home		Business	
Street Address				
Postal Address			Postal Code	
Telephone Number		Fax Number		Email

Section 8: Other

Do you have any learning disabilities?
If yes, please state the nature of your learning disability:
Fees
Full payment in form of a cheque, electronic transfer and or company purchase number must accompany this learning programme enrolment form. Bookings received without payment or order number will be treated as provisional which does not guarantee a place.
Signature of person authorising attendance to learning programme.....Date.....

Statement of Agreement

I agree to read the health and safety information as provided by DMP Training and to abide by the guidance given while on the learning programme. I understand that attendance and completion of the learning programme is compulsory. In the event that I do not complete or abandon the learning programme, no course fees will be refunded. DMP Training reserves the right to cancel or postpone the learning programme in case of insufficient registrations or illness. I authorise investigation on all statements contained in this form and I understand that misinterpretation or omissions of facts is cause for denial of the right to use DMP Training certification mark and that I may not use DMP Training certification mark until I have received official notification of my certificate from DMP Training. To my knowledge the facts contained herein are accurate and complete. I have read and agree to be bound by this statement of agreement

Applicants's signature.....Date.....