

INSTITUTE FOR TIMBER CONSTRUCTION SOUTH AFRICA

ROOF INSPECTOR TRAINING COURSE

REGISTRATION FORM

1.	SURNAME						
	FIRST NAMES:						
2.	DATE OF BIRTH:ID No.:						
3.	POSTAL ADDRESS:						
4.	EMPLOYER NAME:						
	VAT NO.: COMPANY REG. NO.:						
5.	TELEPHONE:						
	CELL:						
6.	E-MAIL:						
7.	 a. Highest school grade passed b. Other qualifications or courses c. What level of mathematics have you achieved 						
8.	Are you presently employed in the nail plated timber roof truss industry?						
	□ Yes □ No						
9.	If YES to item (8) what is your present position in the company.						
10.	If NO to item (8) what is the nature of your present employment.						

11.	Please indicate whether you wish to register as an ITC-SA Inspector Member.							
		Yes		No				
12.	The Roof Inspector Course enrolment fee is R5500.00 plus $VAT = R6325.00$ which must be paid in full in order to register for the course.							
	Banking Details: ABSA Bank – Isando Account No.: 01029382316 Branch Code: 523-142 In Name of: Institute for Timber Construction (ITC-SA)							
	Payment Reference: Student Name and Surname							
	Please	email the comp	oleted e	nrolment fo	rm as well	as proof of payment to jessica@itc-sa.org		
13.	A certi	ficate of com	pletion	will be awa	arded to s	successful candidates.		
I wish to enroll for the ROOF INSPECTOR TRAINING COURSE to be presented by the INSTITUTE FOR TIMBER CONSTRUCTION.								
		FULL NAME				SIGNATURE		
DATE	i:							