NAIL PLATED TIMBER ROOF TRUSS TRAINING

ITC SA

A workforce with the technical edge

☎ +27 11 974 1061
✉ enquiries@itc-sa.org

COURSE NAME: TIMBER ROOF STRUCTURE INSPECTOR TRAINING COURSE

COURSE START DATE: 2 8 / 0 8 / 2 0 1 8 (D D / M M / Y Y Y Y)

REGISTRATION NUMBER: I N S - *(Office use only)*

YOUR DETAILS

Identity number/Passport number: Date of birth: D D / M M / Y Y Y Y

Surname:

Full names:

Preferred first name:

Initials: Gender: Male Female Title: Ms Mr Other:

YOUR CONTACT DETAILS

Physical address:

City:

Country: Code:

Postal address:

City:

Country: Code:

Email address:

Work phone: ( )

Home phone: ( )

Cellphone: ( )

Would you like to receive our newsletter?

Where did you hear about us? Advertisment Web Brochure Word of mouth

YOUR QUALIFICATIONS

Highest academic qualification: Grade 12 Diploma Degree Post graduate degree Year completed: Y Y Y Y

Other qualifications or courses:

Level of mathematics achieved:

YOUR EMPLOYER / OCCUPATIONAL DETAILS

Company/Institution name:

Occupation/Job title:

Work phone: ( ) Company VAT no:

Physical address:

City:

Country: Code:

Postal address:

City:

Country: Code:

GENERAL

Are you currently employed in the nail plated timber roof industry? Yes No

If YES what is your present position in the company?

If NO what is the nature of your present employment?

Please indicate whether you wish to register as an ITC-SA Inspector Member Yes No

Reflector vest size: Small Medium Large

Special dietary requirements: Halal Vegetarian None Other:

Please Turn Over

PAYMENT

The Timber Roof Structure Inspector Training Course enrolment fee is **R5 800 (excl. VAT) = R6 670** 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 South Africa (ITC-SA)
Payment reference: Student Name and Surname

Person responsible for payment: ☐ **Self** ☐ **Employer** *(Please complete the contact details below if you ticked Employer)*

Contact details of the person we can contact for payment: Work phone: **(** **)**

Name and surname:

Email address:

Upon enrolment of any course presented by the Institute for Timber Construction South Africa, delegates must submit their **completed enrolment form** as well as **proof of payment** to **enquiries@itc-sa.org**.

Course fees must be **paid in full 7 days prior to course start dates** to reserve a delegate's seat.

I hereby confirm that the information supplied on this form is correct and that I have read and agree to the conditions stipulated on the attached document. I accept personal responsibility to ensure payment of the relevant fees before commencement of the course.

Signature:

Date: D D / M M / Y Y Y Y