NAIL PLATED TIMBER ROOF TRUSS TRAINING

ITC SA

A workforce with the technical edge

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✉ enquiries@itc-sa.org

COURSE NAME: TIMBER ROOF STRUCTURE INSPECTOR TRAINING COURSE

COURSE START DATE: 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
☐☐ / ☐☐ / ☐☐☐☐