



## REGISTRATION FORM

### POULTRY MEAT EXAMINER LEVEL 1 (PME01)

#### DELEGATE ENROLMENT DETAILS

(NOTE: PLEASE COMPLETE ONE REGISTRATION FORM PER DELEGATE)

TYPE OF CANDIDATE	COST	DATE OF APPLICATION	INTAKE START DATE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
TITLE	FIRST NAMES	SURNAME	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
IDENTITY NUMBER / PASSPORT NUMBER ( <i>Attach copy</i> )		PHYSICAL ADDRESS	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
TEL NUMBER	POSTAL ADDRESS		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
EMAIL ADDRESS	MOBILE NUMBER		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
POPULATION GROUP ( <i>Needed for demographic information</i> )			PROVINCE
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>
CURRENT STATUS OF EMPLOYMENT	IF EMPLOYED, NAME OF EMPLOYER ( <i>Optional</i> )		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
NUMBER OF YEARS EMPLOYED	TYPE OF WORK		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		

#### EDUCATIONAL INFORMATION

ENTRY REQUIREMENT TO THIS COURSE IS A PASS IN MATRIC / GRADE 12

HIGHEST QUALIFICATION OBTAINED ( <i>Attach copy</i> )	ENGLISH PROFICIENCY	OTHER LANGUAGE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

#### ABATTOIR DETAILS

NAME OF ABATTOIR FOR PRACTICALS	CONTACT PERSON
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
CONTACT NUMBERS	EMAIL ADDRESS
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
ABATTOIR ADDRESS	PROVINCE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

#### INVOICE DETAILS

COMPANY NAME / INDIVIDUAL	IF COMPANY, VAT NUMBER	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
ADDRESS		
<input style="width: 95%;" type="text"/>		
NAME	POSITION	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
TEL NUMBER	EMAIL	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
SIGNATURE	DATE	ORDER NUMBER/PO NUMBER
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

#### FOR OFFICE USE

HUB OF TRAINING	PROVINCE	MENTOR
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
APPLICATION APPROVED / DECLINED	INVOICE DETAILS	SUPPORTING DOCUMENTS
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>