



REGISTRATION FORM

POULTRY MEAT EXAMINER LEVEL 2 (PME02)

DELEGATE ENROLMENT DETAILS

(NOTE: PLEASE COMPLETE ONE REGISTRATION FORM PER DELEGATE)

TYPE OF CANDIDATE	COST	DATE OF APPLICATION	INTAKE START DATE
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
TITLE	FIRST NAMES	SURNAME	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
IDENTITY NUMBER / PASSPORT NUMBER (<i>Attach copy</i>)		PHYSICAL ADDRESS	
<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>	
TEL NUMBER	POSTAL ADDRESS		
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		
EMAIL ADDRESS	MOBILE NUMBER		
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		
POPULATION GROUP (<i>Needed for demographic information</i>)			PROVINCE
<input style="width: 90%;" type="text"/>			<input style="width: 90%;" type="text"/>
CURRENT STATUS OF EMPLOYMENT	IF EMPLOYED, NAME OF EMPLOYER (<i>Optional</i>)		
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		
NUMBER OF YEARS EMPLOYED	TYPE OF WORK		
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		

EDUCATIONAL INFORMATION

PME02: ENTRY REQUIREMENT TO THIS COURSE IS A CERTIFICATE IN PME LEVEL 01

YEAR PME01 OBTAINED (<i>Attach copy</i>)	NAME OF INSTITUTION WHERE PME01 WAS OBTAINED	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
CONTACT NUMBER	CONTACT PERSON	PHYSICAL ADDRESS
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

ABATTOIR DETAILS

NAME OF ABATTOIR FOR PRACTICALS	CONTACT PERSON
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
CONTACT NUMBERS	EMAIL ADDRESS
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
ABATTOIR ADDRESS	PROVINCE
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

INVOICE DETAILS

COMPANY NAME / INDIVIDUAL	IF COMPANY, VAT NUMBER	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
ADDRESS		
<input style="width: 90%;" type="text"/>		
NAME	POSITION	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
TEL NUMBER	EMAIL	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
SIGNATURE	DATE	ORDER NUMBER/PO NUMBER
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

FOR OFFICE USE

HUB OF TRAINING	PROVINCE	MENTOR
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
APPLICATION APPROVED / DECLINED	INVOICE DETAILS	SUPPORTING DOCUMENTS
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>