



**SKILLS PROGRAM TRAINING
APPLICATION FORM**

NOTE : PLEASE READ AND ENSURE THAT YOU UNDERSTAND THE TERMS AND CONDITIONS BEFORE COMPLETING THIS FORM.

TERMS AND CONDITIONS

It is stated beforehand that Skills Program Training qualifies for Statement of Results from

A 50% deposit or full payment is required before course commencement. If 50% is paid, full payment is required before completion of Final Summative Assessment . If payment is made via EFT, please send PoP to email address admin@supremesafety.co.za or bring along on day of course.

DECLARATION

I, _____, have read and understand the terms and conditions as set out above and agree thereto.

Full Names :																			
Surname :																			
Cellphone No. :																			
Email :																			
Address :																			
Skills Program applied for :																			

Date Completed: _____ / _____ / 20____ Signature : _____

Please ensure that all details are completed on this form.
Please contact us during office hours 08:00am to 16:00pm should you have any queries.

Supreme First Aid Training (Pty) Ltd.
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076 421 1663
admin@supremesafety.co.za