



ENROLMENT FORM

LEARNER DETAILS			
Course Name:		Date of course:	
Surname:		Full names:	
Age:			
Contact Numbers:		E-mail address:	
Residential Address:		Postal Address:	
Country of Residence		ID / Passport number:	
Gender:		Race:	
Allergies if applicable:		Languages	
Where did you hear about us?			
NEXT OF KIN			
Name:		Relation:	
Contact Numbers:		E-mail address:	
PERSON RESPONSIBLE FOR ACCOUNT			
Name:		Relation:	
Contact Numbers:		E-mail address:	
<p>*A minimum of 6 students are required for each training course. Should the course not have the required number of students you will be given the option of enrolling with the following scheduled course.</p>			
<p>Thank you for enrolling at EPT Aviation Training!</p> <p>DISCLAIMER: Learner Confidentiality: All learner information disclosed by means of this application will be treated as confidential and will not be revealed in any form to any other party unless written consent has been given to EPT Aviation Training by the member. The learner acknowledges that providing correct and authenticated details remains the responsibility of the learner. EPT Aviation Training cannot be held liable for any breach of confidentiality perpetrated by the learner or any 3rd party service providers.</p>			
<p>For Office Use:</p> <p>Enrolment Processed: (YES) (NO) Date: _____ Course Start Date: _____</p>			