



## Short Course Registration Application form

Invoice/order number: \_\_\_\_\_

### How to complete this form

Registration cycle is continuous and subject to availability. Late applications will be subject to availability of places.

#### Return this form to

Monash South Africa, Private Bag X60, Roodepoort 1725

E-mail: [koena.kotsokoane@monash.edu](mailto:koena.kotsokoane@monash.edu)

Fax: 011 950 4442

**Non-refundable R2500-00 deposit is required – Proof of payment must accompany your application form.**

### Personal details (for certificate purposes)

Surname:	Given Names:
ID number/passport number:	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
Date of Birth: / / Day Month Year	Parent/guardian name:
Citizenship:	Country of birth:
Population group: <small>(required by the Department of Educational Statistics)</small>	Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/>
If you are not a South African citizen, do you have permanent residency in South Africa? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Dietary requirements:</b>	

### Address details

Postal Address:	Home Address:
Postcode:	Postcode:
Country:	Country:
Telephone: H ( ) W ( )	Cell:
Facsimile: H ( ) W ( )	
E-mail address:	

### CE Short courses

Disaster Risk Management	(Short Course: )	<input type="checkbox"/>
Events Management	(Short Course: )	<input type="checkbox"/>
Office Administration	(Short Course: )	<input type="checkbox"/>
Languages	(Short Course: )	<input type="checkbox"/>
Leadership, Management and Governance	(Short Course: )	<input type="checkbox"/>
Marketing	(Short Course: )	<input type="checkbox"/>
Project Management	(Short Course: )	<input type="checkbox"/>
Sports Management	(Short Course: )	<input type="checkbox"/>
Other	(Short Course: )	<input type="checkbox"/>

**Invoice details** *(please complete if your attendance is funded by your company)*

Company:	Postal Address:
Postcode:	Postcode:
Country:	Country:
Telephone: H ( ) W ( )	Cell:
Facsimile: H ( ) W ( )	
Company VAT Number:	
Accountant e-mail address:	

**Declaration and Signature**

I declare that the information I have provided here is true and complete in every particular.

I acknowledge that Monash reserves the right to seek information from relevant bodies as to the standing of my claimed qualifications and to vary or reverse any decision regarding admission made on the basis of incorrect or incomplete information.

Signature: \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Monash South Africa, 144 Peter Road, Ruimsig, South Africa

Phone: +27 11 950 4069 Fax: +27 11 950 4133

*Registered with the Department of Education as a private higher education institution under the Higher Education Act, 1997. Registration certificate no. 00HF02.*

<b>Bank details:</b>	
<b>Account Name</b>	: Monash South Africa Limited
<b>Bank name:</b>	: FNB Cresta
<b>Bank Code:</b>	: 254 905
<b>Account nr:</b>	: 620 1694 9268
Reference	: Initials and Surname