



HELIOS™

OPLEIDINGSENTRUM/TRAINING CENTRE

APPLICATION FOR REGISTRATION

Application must please be accompanied by:

- 2 Copies of ID document.
- Copies of previous academic qualifications.

Personal Details:

Surname:

Full name:

Date of birth:

<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>

Sex:

Male	Female
------	--------

Identity Number:

Residential address:

Postal address:

Postal code:

Postal code:

	Area Code	Number	Extension
Home			
Work			
Cell			
Fax			

E-mail:

Highest scholastic qualifications:

School:
Grade:

Highest tertiary qualifications:

Institution: Qualification:
Institution: Qualification:
Institution: Qualification:

In case of applicant being a minor:

Information of guardian:

Surname:

Full name:

Residential address:

Postal address:

Postal code:	Postal code:

Telephone numbers:

	Area Code	Number	Extension
Home			
Work			
Cell			
Fax			

E-mail:

Please note:

- *Our bank details are: Helios, Nedbank, Boksburg, 1357099258. Fax proof of payment of registration fee to 012 804 8243.*

I, the undersigned, confirm that all information supplied above is true and correct.

I, undertake to comply with the requirements as set out by Helios Training Centre.

.....
Applicants signature

.....
Date

.....
Guardian (minors)

.....
Date