



# 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:

Telephone numbers:

	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