



Course Registration Form

Please complete and fax to: Tumi Molefe + 27 11 717-3910
For more information telephone + 27 + 11 + 717-3913 or e-mail link@pdm.wits.ac.za

COURSE TITLE: _____

PERSONAL DETAILS

Full Name: _____

Identity No: _____

***Race :** African Coloured Indian White

** Information is statutorily required for statistical purposes only.*

CONTACT DETAILS

E-mail address: _____

Telephone No. (Mobile / home): _____

Telephone No (Work: _____

Fax No: _____

CURRENT EMPLOYMENT

Employer: _____

Position Held: _____

Employer's Postal Address: _____

EDUCATION

Highest Educational Qualification: _____

Previous Courses Completed: _____

Computer Skills: _____

I certify that the information above is correct.

I / we undertake to pay the prescribed course fee:

Signature: _____ **Signature:** _____

Designation: _____

How did you hear about this course? _____

Your acceptance on this course will be formally confirmed, and the necessary pre-course information sent to you. LINK Centre - Africa's leader in ICT policy training - looks forward to welcoming you.