EAGLES WINGS
Skills Development Consultants

LEARNER ENROLMENT FORM

COURSE: _____ **COURSE DATES:** _____

FULL NAME	
ID NO:	
CELLPHONE NO.	
PHYSICAL ADDRESS:	
E-MAIL ADDRESS:	
OCCUPATION:	
QUALIFICATIONS:	
WORKPLACE EXPERIENCE	
AMOUNT PAID	

- **Banking details**: Eagles Wings Skill Development Consultants.
  - **Absa Bank** Musgrave, Current Account
  - **Account number**: 4085 1607 68
  - **Reference:** Full Name / [**FAC / ASS / MOD / SDF]**

  Please add the code for Facilitator/Assessor/Moderator after your name for our reference.
- Kindly E-mail enrolment form together with proof of payment at least 3 days before the start of the course.
- Training will be conducted at **44 Kenilworth Avenue, Sydenham, Durban, 4091**.
- Learners to be at the venue by 8.30 am
- Please bring the following documents with you to the training:
  - Certified copies of ID
  - CV (2 page)
  - Certified copy of highest qualification

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CK NO: 2013/008332/07 **Accreditation No: ETDP 10898**