



Tertiary Education	1	2	3
Institution:			
Year:			
Degree/Diploma/Certificate:			
Majors:			

### RSVP

NQF 4 RPL  NQF 5 RPL  NQF 4 Internship  (please tick ✓ the correct option)

I would like to RSVP for the following dates: \_\_\_\_\_ (please see attached for training schedule)

**\*Note:** Kindly submit CV with application

Office Use:		
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>-Fees for attendance to training workshops must be received by the payment date stipulated.</li> <li>-The Learning Institute cannot be held liable for loss or damage to property brought to venues.</li> <li>-The Learning Institute cannot be held liable for any injuries incurred at their workshop venues.</li> <li>-The Learning Institute reserves the right to cancel a workshop subject to a minimum of 15 delegates.</li> </ul>	<p><b>Cancellation Policy:</b></p> <ul style="list-style-type: none"> <li>-Cancellations must be done in writing to <a href="mailto:dilshaad@tli-training.co.za">dilshaad@tli-training.co.za</a> or fax 021 447 2460</li> <li>-A hundred per cent (100%) cancellation fee will be levied should you cancel seven working days prior to commencement of the workshop or should you not attend the workshop.</li> <li>- Once a learner has enrolled on the course, payment of the course in full will be invoiced</li> <li>- No refunds will be made once the learner has enrolled and started the course</li> </ul>	<p><b>Payment Details:</b></p> <p>LBB Trust t/a The Learning Institute Standard Bank Account No.: 012 497 630 Account Type: Business Current Account Branch Name: Hyde Park Branch Code: 006605</p>

### Enquiries

Muriel Julius

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## Learner Registration Form

### Personal Details

Company Name \_\_\_\_\_ SA ID no. or Alternative ID \_\_\_\_\_

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home No. \_\_\_\_\_

Business \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Employed  yes  no other, specify \_\_\_\_\_ SDL No. \_\_\_\_\_ Gender  M  F

Physical Address \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Postal Address \_\_\_\_\_

Equity  Black African  Black Indian Asian  Black Coloured  White  Other (specify) \_\_\_\_\_

Disability  None  Hearing  Sight  Speech  Movement  Other (specify) \_\_\_\_\_

### Pre-screening information *(please tick ✓ the correct option)*

**Professional Status**  
 Principal agent  Full status agent  Intern other, please specify \_\_\_\_\_

**Fidelity fund certificate**  
 Principal agent  Full status agent  Intern other, please specify \_\_\_\_\_

**EAAB Exam**  yes  no if yes, state which year passed \_\_\_\_\_

**How long have you been active in the Real Estate industry?** Years: \_\_\_\_\_ Months: \_\_\_\_\_

### Education *(please tick ✓ the correct option)*

Grade 10  Grade 11  Grade 12  other, please specify \_\_\_\_\_

Mathematics  No Mathematics  other, please specify \_\_\_\_\_

Languages completed 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Computer Literacy  yes  no