

Attendee to complete:

SURNAME											
FIRST NAME/S											
JOB TITLE											
ID NUMBER						GENDER	M		F		
MOBILE PHONE NO.						OFFICE PHONE NO.					
E-MAIL ADDRESS											
ETHNIC GROUP (TICK ONE)	AFRICAN			COLOURED			INDIAN			WHITE	
DO YOU HAVE A DISABILITY?	YES			NO		ANY DIETARY PREFERENCE?					
Please indicate your special need below so that the Facilitator can prepare for the training accordingly:											
SIGHT		HEARING IMPAIRMENT				DYSLEXIA					
WHEELCHAIR/ MOBILITY		PHYSICAL/ASSISTANCE				UNSEEN DISABILITY, E.G. EPILEPSY					
CHRONIC CONDITIONS, E.G. ASTHMA, DIABETES, LOW OR HIGH BLOOD PRESSURE											
OTHER DISABILITY (PLEASE SPECIFY):											

PLEASE INDICATE YOUR WORKSHOP/S REQUIREMENTS BELOW:

WORKSHOP CODE (AS LISTED ON THE TRAINING SCHEDULE)	WORKSHOP NAME	DATE/S TO ATTEND (AS PER TRAINING SCHEDULE, IF APPLICABLE)	COST* (EXCL. VAT)

**An invoice will be generated and sent to you on receipt of your Booking Form.*

Manager or Authorised Person to complete:

COMPANY NAME			
DEPARTMENT NAME			
COMPANY ADDRESS			
COMPANY REGISTRATION NO.		VAT NO.	
COMPANY ORDER NUMBER		TEL. NO.	
FINANCE PERSON'S NAME			
FINANCE PERSON'S EMAIL			
MANAGER NAME			
MANAGER'S (OR DULY AUTHORISED) SIGNATURE OF APPROVAL		DATE	

Completed booking forms to be sent electronically to: Bookings@eAcademy.co.za

for eAcademy official use:

Invoice Number:		Date captured on LMS:	
Invoice Date:		Captured by (name):	