

EDUCATION COURSE APPLICATION FORM ACSCCL AND CSCM COURSE

THIS IS AN ELECTRONIC FORM. PLEASE COMPLETE THE FORM IN ADOBE ACROBAT AND RETURN IT TO SACSC BY CLICKING ON THE SUBMIT BUTTON AT THE BOTTOM OF PAGE 2 OR SAVE, SCAN AND EMAIL TO RENE@SACSC.ORG.ZA.

The application form can also be downloaded from the website: www.sacsc.co.za.
For further information contact Rene Albasini on 010 003 0228.

Please tick the relevant course you are applying for:

- Advanced Certificate in Shopping Centre Leadership (ACSCCL): March 2016 - February 2017 (Closing date 19th February 2016)
- Certificate in Shopping Centre Management (CSCM): 14 - 20 August 2016 (Closing date 01st August 2016)

When applying for the ACSCCL course, admission requirements are the successful completion of the CSCM course. Please provide details of relevant shopping centre (minimum 7 years' experience) if CSCM not passed.

If you have completed the CSCM course and have passed, please give the Month: _____ Year: _____

Are you a registered member by name of SACSC through your sponsoring company? Please tick: Yes No

If YES, please supply your membership number: _____

Please obtain signatures from your Manager in support of this application.

Name of Manager: _____ Signature of Manager: _____

A

YOUR DETAILS

Surname: _____ Initials: _____ Title: Ms Mr Other: _____

Full names: _____ Gender: Male: Female:

Preferred first name: _____ Date of birth: _____

Identification number: _____

B

YOUR CONTACT DETAILS

Postal address: _____ Email address: _____

Work phone: (_____) _____

Country: _____ Code: _____ Cell phone: (_____) _____

C

YOUR EMPLOYER/OCCUPATION DETAILS

Company/Institution name: _____

Postal address: _____ Code: _____

Physical address: _____ Code: _____

Occupation/Job title: _____

Department/Division: _____

Work phone: (_____) _____ Work fax: (_____) _____

Membership of Professional Association/Body: _____ Membership number: _____



D PAYMENT INFORMATION:

Legal entity to invoice: _____

Address on the invoice: _____

Contact person to receive invoice: _____

Contact person email: _____

Contact person tel: (_____) _____ Cell: (_____) _____

E FULL PHYSICAL ADDRESS:

MUST BE A PHYSICAL ADDRESS TO ENABLE THE COURIER SERVICE TO DELIVER YOUR COURSE NOTES.

Building: _____ Number: _____

Street Address: _____

City/Town: _____ Code: _____

F PAYMENT METHODS: THE FOLLOWING ARE ACCEPTED:

- Electronic bank transfers to the following account: BANK: ABSA HATFIELD ACCOUNT NUMBER: 407-026-8244
TYPE OF ACCOUNT: CURRENT BRANCH: 335-545
REFERENCE NUMBER: CE at UP Trust
- Credit cards
- Cheque payments made out to Continuing Education at University of Pretoria Trust. NOTE: Cash payments will not be accepted.

RESPONSIBLE FOR PAYMENT:

Self Employer Bursary/Sponsorship: _____ (Specify)

See relevant brochure for closing dates.

Successful applicants will be advised by fax or e-mail soon after the closing date.

G TERMS AND CONDITIONS

General Conditions:

- The applicant accepts responsibility to inform CE at UP Trust and/or SACSC of any changes in the information supplied on the enrolment form.
- The applicant confirms that he/she complies with the particular requirements of the course where applicable as prescribed.
- By submitting the enrolment form, the applicant indicates his/her desire to be registered for the course and accepts full responsibility for the payment of the course fees.
- Should the course fee be funded by an institution (including the employer) on behalf of the applicant, the applicant accepts full responsibility to supply CE at UP and/or SACSC with supporting documentation in the form of an official purchase order indicating that the institution will submit payment on behalf of the applicant.

Cancellation policy:

- CE at UP/SACSC reserves the right to cancel or postpone a course, in which case applicants will be informed and applicable fees will be refunded.
- Cancellations are accepted in writing and without penalty up to 14 days prior to course commencement or prior to the closing date for registrations and submitted to one of the course coordinators of CE at UP Trust or SACSC.
- Applicants, who cancel after the closing date for registrations, or less than 14 days prior to the commencement of the course, will be liable for 50% of the course fee.
- Non-arrivals will be charged 100% of the course fee.

Payment conditions:

- Course fee must be paid in full prior to course commencement.
- Proof of payment must be submitted to the course coordinators to confirm registration on the course.
- All payments must reflect the payment reference as indicated on the confirmation of registration document.
- The applicant remains responsible to ensure that the institution honors its payment commitment.

I hereby confirm that the information supplied on this form is correct and that I have read and agree to the conditions stipulated on this application form. I accept personal responsibility to ensure payment of the relevant fees before commencement of the course.

Name: _____ Email: _____

Designation: _____ Contact Tel/Cell: (_____) _____

Date: _____ Signature: _____
(If submitting electronically, kindly insert electronic signature)

CLICK HERE TO SUBMIT YOUR COMPLETED FORM

By clicking on the above button, your completed form will be submitted to rene@sacsc.co.za
For enquiries please call **010 003 0228**.



**CONTINUING EDUCATION
UNIVERSITY OF PRETORIA**

www.ceatup.com

T +27 (0) 10 003 0228 F to E +27 86 630 3916 82 On Maude, Ground Floor, 82 Maude Street, Sandton, 2146
PO Box 784937, Sandton, 2146 www.sacsc.co.za

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