



# Course Registration Form (For open courses only)

## Course Details

Title: .....

Dates of Training: From .....To.....

## Candidate's Details

Mr./Mrs./Ms./Dr. .... Job Title.....

E-mail ..... Telephone.....

## Organization Details

Organization name.....

Address.....

Supervisor / Contact person:.....

E-mail ..... Telephone.....

## Candidate's Personal Background

Academic and professional qualifications.....

For how long have you been driving?.....

What are your current job responsibilities?.....

.....

How long have you held these responsibilities?.....

.....

What specific questions would you like to see addressed during the course?.....

.....

What are your main reasons for attending this course?.....

.....

.....

**FEE:** A place will be reserved for you on our confirmation of your registration. The full fees are due and payable on registration.

**NOTE:** Defensive driving courses are meant for drivers who have actively been driving for a minimum of 2 years

**CANDIDATE'S SIGNATURE** .....**DATE** .....

**In the case of Candidates for defensive driving courses, signing the form will be a confirmation that you have been driving for more than 2 years**

## FOR AA'S OFFICIAL USE

Candidate has been approved for the Training: Yes [ ] No [ ]

Approved by : .....Sign:.....Date:.....