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COURSE ENROLMENT FORM

SECTION 1. Delegate details

Title:		Name:		Surname:	
DOB:		Email:		Mobile No:	
ID No: <i>(Please attach a copy):</i>					
Company/Employer:				Job role:	
Vehicle Reg No. <i>(for security and parking)</i>		Dietary requirements:			
Manager Name and contact number:					

SECTION 2. Experience (to be completed by the delegate)

In order to attend the Electric vehicle training please complete the required fields below:

I have:	Agree	Please specify:
Extensive experience working with mechanical, electrical and an awareness of hazardous voltage components and systems.	<input type="checkbox"/>	
Qualifications and experience of working on motor vehicle electrical systems and test equipment.	<input type="checkbox"/>	
A thorough knowledge of Health and Safety best practice.	<input type="checkbox"/>	

SECTION 3. Self-Assessment (to be completed by the delegate)

Please read and complete the following details in order to attend this course:

Any pre-existing medical conditions which might prevent involvement:

To the best of my knowledge:	Agree
I do not have, or require the use of, a Pacemaker or ICD (implantable cardioverter defibrillator).	<input type="checkbox"/>

I have no medical conditions and have had no surgical procedures that would prevent me from working on or near systems or components containing hazardous voltage and magnetic emissions. ☐

I can clearly distinguish the colour 'orange.' and I am not colour blind ☐

SECTION 4. Acknowledgement (to be completed by the delegate and line manager)

Please read carefully the statements below and tick the box only if you agree fully with each statement:

The information that I have given is accurate to the best of my knowledge at the time of signing this document. ☐

I agree that if any of the information should change, I will inform my line manager, as soon as reasonably possible. ☐

Completion of this form is a mandatory requirement for acceptance on to the course and by completing you agree to the information being shared with IML. ☐

Delegate Signature: _____ Date: _____

Manager's signature: _____ Date: _____

On the day of the course, delegate to re-sign to agree there have been no changes.

Company Information

Company Name:	<input type="text"/>	Contact Person:	<input type="text"/>
Postal Address	<input type="text"/>	Designation	<input type="text"/>
Company Tel:	<input type="text"/>	Cell:	<input type="text"/>
VAT Reg Number:	<input type="text"/>	Email:	<input type="text"/>
Can Chrisnelsa (Pty)Ltd include you in updates on training offers and other services?			<input type="checkbox"/>

Do you have any other training needs, or do you require any information regarding other Chrisnelsa (Pty)Ltd courses?

<input type="text"/>

Signature/Booking Confirmation

Person responsible for Payment:	<input type="text"/>	Payment Method (No Cash):	<input type="text"/>
Purchase order number (Please attach purchase order):	<input type="text"/>		
Authorized Signature:	<input type="text"/>	Email:	<input type="text"/>
Tel:	<input type="text"/>	Cell:	<input type="text"/>

Course Details

Registration Time: 08:30

Starting Time: 09:00

Chosen Course:

Number of Learner/s:

Chrisnelsa (Pty)Ltd Electric/Hybrid training

How did you come to hear about our services:

Google/LinkedIn/Referral/Facebook/Other

If you were contacted, who did you speak to?

Melisha / Jeanette/Other

Terms and Conditions

- By signing the registration form the individual acknowledges their authority to do so and assumes responsibility for settling the account.
- To confirm your booking, please fill out the registration form and send it to the email address provided below.
- A non-refundable deposit of 50% is required at the time of booking. If proof of payment is not received within 7 working days after submitting the registration form, the booking cannot be confirmed. Please email proof of payment to: ev.training@chrisnelsa.co.za.
- For purchase orders: A copy must be received within 7 working days of the registration form submission to ensure booking confirmation. Please email the copy to: ev.training@chrisnelsa.co.za.
- All emailed registration forms will be considered legally binding, just like original documents.
- Full payment is required no later than 5 working days before the course starts. Delegates will not be allowed to attend if payment is still outstanding.
- Cancellations made within 30 days of the course start date will incur a 100% cancellation fee, or a replacement delegate may be arranged.
- Chrisnelsa (Pty) Ltd reserves the right to cancel or reschedule a course if there are insufficient bookings prior to the start date.
- All course materials provided during the course are copyrighted by Chrisnelsa (Pty) Ltd and are intended solely for the attending delegate's use. Reproduction, distribution, or modification of these materials is strictly prohibited.
- A certificate will be issued upon successful completion of the course.
- We reserve the right to deny admission to any course or event if payment has not been received, or if the delegate poses a health or safety risk to others. All delegates must adhere to the rules set by the facilitator and maintain respect for others throughout the course or event.

I acknowledge that I have read and agree to the Terms of Business stated above. Please confirm my booking (s) as above.

Signed: _____ Date: _____

Name:

Designation:

Please send your completed registration form to: ev.training@chrisnelsa.co.za