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|  | **Tel: 016 366 7131** **Fax: 086 538 5639****acts@actscc.co.za****www.actscc.co.za****Reg No 2003/089948/23** |

***Registration Form for Spirometry Refresher***

**Duration : 1 Day**

**Time : From 08:00 – 16:00**

**Attendance : Certificate (Theory & Practical exam)**

**Price : R1 930 payable 2 weeks before date of course**

**Payment : 2 weeks in advance**

**Venue : Sha-mani Lodge: 7 launceston Road, New Redruth, ALberton**

Please take note, this document and any attachments are confidential and intended solely for the addressee and may also be privileged or exempt from disclosure under applicable law. If you are not the addressee, or have received this e-mail in error, please notify the sender immediately, delete it from your system and do not copy, disclose or otherwise act upon any part of this e-mail or its attachments. Internet communications are not guaranteed to be secure or virus-free. We do not accept responsibility for any loss arising from unauthorised access to, or interference with, any Internet communications by any third party, or from the transmission of any viruses. We may monitor replies to this e-mail for operational or business reasons. Any opinion or other information in this e-mail or its attachments that does not relate to our business is personal to the sender and we do not endorse it. If a candidate was sent via a company, the company has the right to receive and / or request the candidate’s result/s and certificate/s.

**Please sign hereunder in acknowledgement of receipt and agreement in respect of the above mentioned contents.**

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| **28 May 2024** | **13 June 2024** | **16 July 2024** |
| **Please mark the date you wish to attend** | **1 Day Course 08:00 – 16:00** |
| **Please attach copy of ID** | **Amount R1 930** |

**   For the REFRESHER COURSE students must bring five spirometry tests to the classroom to be assessed.**

***Company Information***

|  |  |
| --- | --- |
| Company Name |  |
| Company Vat No |  |
| Contact Person for account |  |
| Contact Tel  |  | Email: |  |

***Candidate Information***

|  |  |
| --- | --- |
| Surname |  |
| First Names |  |  |  |
| I D No: |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Contact Tel  |  |
| Whatsapp No: |  | Email address: |  |

**Payments and important information:**

* Full payment due 2 weeks before commencement of course.
* **ONLY EFT PAYMENTS ACCEPTED –BANKING CHARGES ARISING FROM CASH BANK DEPOSITS WILL BE INVOICED FOR**.
* Candidates may only attend the course after full payment has been received.
* **Please forward you proof of payment, registration form and copy of ID to:** **info@actscc.co.za** **or Fax 086 538 5639.**
* Should you not be able to attend the course for any reason, ACTS must be notified at least 1x week prior to commencement of course, failure to do so will result in us deducting 10% of the course amount as a cancelation fee
* ACTS reserves the right to change dates and re schedule courses should there be less than 20 candidates. ACTS will notify candidates of such changes 2 weeks in advance of the scheduled course.
* Please confirm course dates prior to making a booking.

 **Banking Details**

ABSA Bank

Account – Audiometric Calibration and Training Services cc

Account No: 405 876 3539

Branch-Alberton

Branch Code: 63-20-05

***Please note our courses are non-refundable but transferable only to the following 2x course dates thereafter. By signing below, you acknowledge and agree with our terms and conditions; as well as confirm that you have read through and understand this document. In any event of uncertainty, you agree to contact us.***

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_