HATFIELD
LEADERSHIP
ACADEMY
SHORT COURSES

SHORT COURSE REGISTRATION FORM 2016

Student details

Name and surname: _____ Home Language: _____

Cellphone: _____ ID/Passport no: _____ Date of birth: _____

Email address: _____

Age: _____ Gender: M: ❑ F: ❑ Nationality: _____

I want to register for the following course/school:

Please specify: _____

Any **medical conditions** we should be aware of: (e.g. epilepsy, ADHD) _____

Details of person responsible for payment of fees (if different from student's detail)

Name and surname: _____ Nationality: _____

Cellphone: _____

Email address: _____

ID/Passport no: _____ Date of birth: _____

Physical address: _____

Postal address: _____

Postal code: _____

Preferred email address: _____

Payments can be made into the following account:

Account holder: Hatfield Training Centre
Account number: 011 988 193
Bank: Standard Bank
Branch code: 011 545
Reference: HLA with Student name and Surname