

EDUCATION COURSE

APPLICATION FORM

ACSCL 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 (ACSCL): March 2018 - February 2019 (Closing date 16th February 2018)
- ☐ Certificate in Shopping Centre Management (CSCM): 09 - 15 September 2018 (Closing date 24th August 2018)

When applying for the ACSCL 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:** _____

Designation of Manager: _____

A

YOUR DETAILS

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

Full names: _____ Gender: Male: ☐ Female: ☐

Preferred first name: _____ Date of birth: _____

Identification number: _____

Language: English ☐ Afrikaans ☐ Sotho ☐ Tswana ☐ Venda ☐ Xhosa ☐ Zulu ☐ Other ☐

Ethnic group: Asian ☐ Indian ☐ Black ☐ White ☐ Coloured ☐ (To assist with scorecard)

Region: Gauteng ☐ Mpumalanga ☐ Limpopo ☐ North West ☐ Eastern Cape ☐ Western Cape ☐ KZN ☐ Free State ☐ Other ☐

B

YOUR CONTACT DETAILS

Postal address: _____ Email address: _____

Work: (_____) _____

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

C

YOUR EMPLOYER/OCCUPATION DETAILS

Company/Institution name: _____

Postal address: _____ Code: _____

Physical address: _____ Code: _____

Occupation/Job title: _____

Department/Division: _____

Work: (_____) _____ 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: (_____) _____
(+27) 31 562 2021 (+27) 31 562 2021

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: ACCOUNT NUMBER: 40-8782-3354 TYPE OF ACCOUNT: CHEQUE ACCOUNT
BRANCH: 632005 SWIFT: ABSAZAJJ
- Credit cards
- Cheque payments made out to Enterprises University of Pretoria (Pty) Ltd. 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 email soon after the closing date.

G

TERMS AND CONDITIONS

General Conditions:

- The applicant accepts responsibility to inform Enterprises University of Pretoria 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 Enterprises University of Pretoria 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:

- Enterprises University of Pretoria/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 Enterprises University of Pretoria 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: (_____) _____
(+27) 31 562 2021

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.org.za
For enquiries please call 010 003 0228.