



**PHYSICAL ADDRESS**

23 Curie Boulevard  
Vanderbijlpark  
1911

**POSTAL ADDRESS**

P.O. Box 128  
Henbyl  
1903

**CONTACT DETAILS**

☎ 0861 11 44 00  
☎ +27 16 931 3664  
Email: [business@gsrcrisk.co.za](mailto:business@gsrcrisk.co.za)  
Website: [www.gsrcrisk.co.za](http://www.gsrcrisk.co.za)

**Course Booking Form**

**Two simple steps to book a course:**

1. Complete and forward this **course booking form** and the **learner booking register** for delegates attending.
2. Forward proof of deposit or electronic funds transfer to ensure your seat/s is booked.

**Course Details**

Please reserve (number of delegates)	<input type="text"/>	places on the following course at R	<input type="text"/>	per delegate including vat
Course Title	<input type="text"/>			
Course Date	<input type="text"/>			
Course Time	<input type="text"/>			
Course Venue	<input type="text"/>			
Total Cost	<input type="text"/>			

**Contact Person (Authorised person booking the course)**

Title (Mr/Mrs, etc)	<input type="text"/>	ID Number	<input type="text"/>
First Name	<input type="text"/>	Surname	<input type="text"/>
Telephone No	<input type="text"/>	Fax No	<input type="text"/>
Cellular No	<input type="text"/>	Email Address	<input type="text"/>

**Company Details**

Company Name	<input type="text"/>		
Physical Address	<input type="text"/>		
VAT Number	<input type="text"/>	Order number	<input type="text"/>
<b>PERSON RESPONSIBLE FOR ACCOUNT PAYMENTS</b>			
Name & Surname	<input type="text"/>		
Telephone No	<input type="text"/>	Job Title	<input type="text"/>
Cellular No	<input type="text"/>	Fax No	<input type="text"/>
Billing Address	<input type="text"/>		
	<input type="text"/>	Email Address	<input type="text"/>

**Payment selection**

Payment of Fees (please tick relevant box)

<input type="checkbox"/>	Fee enclosed / Cash / Deposit
<input type="checkbox"/>	Charge to account (if you have an account with us.)
<input type="checkbox"/>	EFT / Internet Banking

<b>GSRC Bank Details</b>	
Bank:	NEDBANK
Branch:	Vanderbijlpark (Branch code: 187505)
Account No:	1068742194
Please use company name as Reference	

**TERMS AND CONDITIONS**

1. Payment is required in full before a booking is deemed as confirmed and such payment is required 5 working days before commencement of the course to ensure your seat. Payment can be made by Cash/Deposit or EFT.
2. GSRC MANAGEMENT reserves the right to cancel or postpone any course for any reason whatsoever and reschedule such course for alternate dates.
3. No refunds will be given if a learner does not arrive, however substitutions are accepted at no additional cost, or the learner may attend the same course on another date set by GSRC MANAGEMENT if place is available.
4. Minimum quantities of 8 learners are required for any on-site training.
5. No results or certificates will be issued unless payment has been received in full, including clients who have credit facilities.
6. **Certificates takes 4-6 weeks to arrive (Please ask for copy of the attendance register in the meantime as proof). An email will be sent out to notify client when the certificates are ready for collection.**
7. Certificates are issued directly to the company paying for the course, unless the learners are private individuals paying for themselves.
8. Learners names and ID numbers are printed on the Certificates as per the learner registration & attendance register form. Re-printed certificates will be charged for.
9. Cancellations must be notified to GSRC MANAGEMENT in writing. Should a delegate cancel his/her seat later than 5 working days prior to commencement thereof, a fee of 50 % of the total course fee will be payable by the client to GSRC MANAGEMENT.

We sometimes take photographs during training courses for promotional purposes. Please tick if you agree or not to any Photographs been taken : YES / NO  
Please let us know where you heard about GSRC MANAGEMENT: \_\_\_\_\_

I, the person authorised to make this booking, by my signature below confirm that I have read and understood the terms and conditions attached to making this booking, and wish to proceed with confirming this booking.

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

Signature: \_\_\_\_\_

<input type="text"/>
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# LEARNER BOOKING REGISTER



Company Name (or individual, if private)	
Date of Course	
Course Booked	
Total of Delegates booked	
NOTES:	

The information on this register is confidential when complete. Certain information is required for reporting and statistical purposes. Please enter the information (clearly) on this register as it is to appear on the completion certificate/s. Use additional copies of this pages if required.

Delegate 1 Personal Information:	
Full Name & Surname:	
ID Number:	
Contact Details:	
Home Address:	
Postal Address:	
Disability if applicable:	
Highest Qualification:	
Occupation:	
Company currently employed:	
Employee No.:	
Employer Contact No.:	
Date of Birth:	
Gender:	
Email Address:	
Allergies:	
Race:	

Delegate 2 Personal Information:	
Full Name & Surname:	
ID Number:	
Contact Details:	
Home Address:	
Postal Address:	
Disability if applicable:	
Highest Qualification:	
Occupation:	
Company currently employed:	
Employee No.:	
Employer Contact No.:	
Date of Birth:	
Gender:	
Email Address:	
Allergies:	
Race:	

Delegate 3 Personal Information:	
Full Name & Surname:	
ID Number:	
Contact Details:	
Home Address:	
Postal Address:	
Disability if applicable:	
Highest Qualification:	
Occupation:	
Company currently employed:	
Employee No.:	
Employer Contact No.:	
Date of Birth:	
Gender:	
Email Address:	
Allergies:	
Race:	



# LEARNER BOOKING REGISTER



Company Name (or individual, if private)	
Date of Course	
Course Booked	
Total of Delegates booked	
NOTES:	
	Page 2 of register

The information on this register is confidential when complete. Certain information is required for reporting and statistical purposes. Please enter the information (clearly) on this register as it is to appear on the completion certificates. Use additional copies of this pages if required.

Delegate 4 Personal Information:	
Full Name & Surname:	
ID Number:	
Contact Details:	
Home Address:	
Postal Address:	
Disability if applicable:	
Highest Qualification:	
Occupation:	
Company currently employed:	
Employee No:	
Employer Contact No:	
Date of Birth:	Allergies:
Gender:	Race:
Email Address:	

Delegate 5 Personal Information:	
Full Name & Surname:	
ID Number:	
Contact Details:	
Home Address:	
Postal Address:	
Disability if applicable:	
Highest Qualification:	
Occupation:	
Company currently employed:	
Employee No:	
Employer Contact No:	
Date of Birth:	Allergies:
Gender:	Race:
Email Address:	

Delegate 6 Personal Information:	
Full Name & Surname:	
ID Number:	
Contact Details:	
Home Address:	
Postal Address:	
Disability if applicable:	
Highest Qualification:	
Occupation:	
Company currently employed:	
Employee No:	
Employer Contact No:	
Date of Birth:	Allergies:
Gender:	Race:
Email Address:	