



LEAD ACADEMY

accredited training provider

COURSE REGISTRATION FORM

WHICH PROGRAMME ARE YOU REGISTERING FOR:

COURSE (please indicate with ✓)	*PREFERRED DAY & TIMESLOT (please indicate with ✓)						
	DAY	8h00 to 12h00	12h30 to 16h30	17h00 to 21h00	DAY	12h30 to 16h30	17h00 to 21h00
INTRODUCTION TO COMPUTERS	MONDAY				SATURDAY		
FIND A JOB USING TECHNOLOGY	TUESDAY				SATURDAY		
SEEING THE LEAVES	WEDNESDAY				SATURDAY		
BUSINESS PLAN ESSENTIALS	THURSDAY				SATURDAY		
INTRODUCTION TO PROGRAMMING	FRIDAY				SATURDAY		

At which Campus would you like to attend the course? (please indicate with ✓)

81a Main Road Fish Hoek, Western Cape
29b Main Road, De Aar, Northern Cape

**We will send you dates that match your preferences on receipt of your booking.*

COURSE

Where/how did you hear about this course?

COURSE EXPECTATIONS

What do you hope to get or gain from this course? (please indicate with ✓)

To get a certificate

To get a job/better job

To gain skills or knowledge

To build my self-esteem or self-confidence

To gain experience

Other (Specify)

PERSONAL INFORMATION

ID Number: _____

Full name(s): _____

Surname: _____

Date of birth: _____ Age: _____

Gender: FEMALE/ MALE Disability: YES / NO Race: Black / White / Colour / Indian / Asian /

Other

Dietary requirements? _____

LANGUAGE

What language do you mainly speak at home?

Are you comfortable that the course is presented in English? (YES or NO):

If No, what language would you want the translation to be in?

ADDRESS					
Street Name: _____		Number: _____			
Township/Suburb: _____					
Town/City: _____					
Postal code: _____					
CONTACT DETAILS					
What is your cellphone number?					
What is your WhatsApp number?					
What is the best number to contact you on?					
Do you have an email address: YES / NO : Email address:					
EDUCATION (please indicate with ✓)					
Highest level of education	<input type="checkbox"/>	Grade 7 or lower	<input type="checkbox"/>	Post school certificate	Other (specify):
	<input type="checkbox"/>	Grade 8 -10	<input type="checkbox"/>	Diploma	
	<input type="checkbox"/>	Grade 11	<input type="checkbox"/>	Degree	
	<input type="checkbox"/>	Grade 12	<input type="checkbox"/>	Post-graduate	
OCCUPATION (please indicate with ✓)					
<input type="checkbox"/>	Full time student		<input type="checkbox"/>	Work when there is opportunity (irregular)	
<input type="checkbox"/>	Working part-time/contract		<input type="checkbox"/>	Unemployed/not working	
<input type="checkbox"/>	Working full-time		<input type="checkbox"/>	Prefer not to work	
<input type="checkbox"/>	Self-employed		<input type="checkbox"/>	Retired/disability/social grant	

Thank you for completing the form.

Please scan and email your completed form to applications@leadacademy.co.za or 082 755 2681

YOUR SIGNATURE _____

DATE: _____



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Your information will be used for statistics, course preparation and research purposes.
This information will be reported anonymously and will never be divulged to any unauthorized third party.

National Landline: 0861 111 950
Email: lead@leadacademy.co.za
www.leadacademy.co.za