

## CLASS REGISTRATION FORM

Please fill in that which is applicable to you only.

Completed form can be sent via e-mail or fax (detail on right top)

Today's Date	
Name	
Surname	
In what province & town are you scheduled for training?	
Date(s) of Training you are scheduled for?	
Occupation	
Institute / Company / School	
HPCSA Reg nr or SACSSP Reg Nr (if and where applicable)	
Physical Address	
Postal Address	
Tel Nr	
Cell Nr	
E-mail	
Have you had any previous sign language training?	
Purpose / reason for wanting to use basic sign language within your environment	
Name and contact number / e-mail of anyone that you know could also benefit from this training	
Dietary Requirements	

Banking detail for payment: ABSA savings account, Account holder: Tiny Handz. Acc Nr 9236585924. Branch code 632005. Reference: Name and Surname

For admin purposes Please note that you need to send your registration form to us before doing any payments. Proof of payment must be e-mailed or faxed.

PLEASE NOTE: Should you not attend the scheduled training after registration and payment is made, no refund will be done by Tiny Handz.