



# Mentornet

The Learning Experience of Your Life...

P.O. Box 7954, CENTURION, 0046  
 308 Piet Hugo Str, Wierda Park, CENTURION  
 Tel: +27 (012) 653 2119/ Fax: +27 (012) 653 7030  
 e-mail: contact@mentornet.co.za  
 www.mentornet.co.za

## ONLINE COURSE REGISTRATION & LEARNER INFORMATION FORM

**PLEASE COMPLETE THE FORM BELOW CLEARLY**  
**MENTORNET WILL NOT BE HELD RESPONSIBLE FOR ANY SPELLING MISTAKES ON YOUR CERTIFICATE OR DOCUMENTS BEING SENT TO THE WRONG ADDRESS. THEREFORE PLEASE MAKE SURE THAT THE DETAILS ARE CORRECT AND LEGIBLE.**

|   |           |                      |                      |                   |        |
|---|-----------|----------------------|----------------------|-------------------|--------|
| Title:  |           | Name and Surname:    |                      |                   |        |
| ID number:  |           |                      |                      |                   |        |
| Alternative ID number:                                  |           | Alternative ID type: |                      |                   |        |
| Organisation/ Company:                                  |           |                      |                      |                   |        |
| Date of birth:  |           | <b>Gender</b>        | Male:                | Female:           |        |
| <b>Population Group:</b>                                | African:  | Indian:              | Coloured:            | White:            | Other: |
| Disability:   |           |                      | Nationality:         |                   |        |
| Designation:  |           |                      |                      |                   |        |
| Home phone number:                                      |           |                      | Office phone number: |                   |        |
| Fax number:   |           |                      | Cellphone number:    |                   |        |
| Email address:  |           |                      |                      |                   |        |
| Postal address:   |           |                      |                      | Code:             |        |
| Physical address:                                       |           |                      |                      | Code:             |        |
| Province:   |           |                      | Home language:       |                   |        |
| Unit standards/ Qualification you would like to attend: |           |                      |                      |                   |        |
|   |           |                      |                      |                   |        |
| <b>Learning option (Tick appropriate box):</b>          | Contact   |                      | Distance             |                   | Online |
| Highest qualification:                                  |           |                      |                      |                   |        |
| <b>Employment</b>                                       | Employed: | Unemployed:          | Employer:            | Department/ Unit: |        |

**INVOICE DETAILS: (This is the details of the person responsible for payments.)**

|                        |  |                   |             |       |  |
|------------------------|--|-------------------|-------------|-------|--|
| Title:                 |  | Name and Surname: |             |       |  |
| Organisation/ Company: |  |                   |             |       |  |
| VAT number:            |  |                   |             |       |  |
| Contact number:        |  |                   | Fax number: |       |  |
| Email address:         |  |                   |             |       |  |
| Postal address:        |  |                   |             | Code: |  |
|                        |  |                   |             |       |  |