## **Pest Control Industries Training Academy**



## Wood Destroying Organisms & Termite NQF5 CPD 12 Points

Tel: 012 654 7708
Fax: 086 774 3190
Cell: 083 294 8066
Web: www.pcita.org.za
Email: training@pcita.org.za

Student Details		Practical Assessment Registration Form								
Name:										
Surname:										
Race:		Black African White			)	Coloured		Indian	Other	
Please mark wit	haX:									
ID:										
Age:										
Male:						Femal	e:			
Disability : Pleas		ate Clea	rly :							
Email Address of	of									
Student										
COPY OF ID VERY IMPORTANT TO SEND WITH REGISTRATION										
Details of Pe	rson :	or Company : Responsible for payment:								
Name:										
Physical Addres	s:									
					Co	ode:				
Tel:										
Cell No:					1		ı			
E-Mail Address	of					Name and				
Person						contact number				
responsible for						for person				
payment						responsible for				
						payment				
WDO & Termite	Course	done by student : Date								
Other Informati			<u>,</u>							
Method of paym	ent in a	dvance	before a	attending t	he c	ourse: EFT				
Credit / Debit ca							n.			
Cut-off date for	r all coι	ırses ar	e on the	e Wednes	day	prior to the	e com	<u>mencement</u>	of the course	
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WDO &										
Termite	Б	مام ماد	Con	. Taum						
Practical Assessment	Du	rban	Cap	e Town						
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Contact the										
office to										
confirm the										
practical										
dateTel:										
012-6547708	2000 0	r ctudor	t name	ac refere	n 0 0	on novmo	nto			
Use company name or student name as reference on payments.  Please send proof of payment to training@pcita.org.za										
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Should a stude	ent not a	arrive to	or tne tr	aınıng an	a no	o written ca	ncella	tion has be	en receivea	

Students need to cancel 3 working days in advance before course date. Any student who

and confirmed, the full course fee will be payable.

fails to cancel on time will forfeit the full fee.