



## IT Training Registration Form

Title					
Surname					
Full names					
Known as (nick name)					
NWU Number					
ID Number					
Race	African	White	Indian	Coloured	Other
Gender	Male	Female			
Position title					
Faculty/Division/School/Department					
Appointment	Academic		Support		
Term	Permanent		Fixed Term		Temporary
Appointment date					
Do you have a disability	Yes	No			
Immediate Manager's email address					
Cost string					
Training					
Date					
Time					

I hereby agree to the following:

- I'm **committed** to attend the scheduled training.
- I am aware that my department will be held **liable** for the amount of **R250** if I don't attend the training session.
- If I can't attend I will **inform** IT Training & Empowerment 24 hours in advance or provide a sick certificate.
- I will not arrive late for the session and understand that **no late comers** will be allowed to attend as it disrupts the other attendees.

**Click on your campus** to **submit** the form or deliver it to the address indicated below.  
**Confirmation** will be sent to you and your manager via email within 2 days after receipt of the form.

Internal Box 575  
Room 139  
Building A1  
+27 18 389 892370/1  
mclTtraining@nwu.ac.za

Internal Box 529  
Room 106  
Building F20  
+27 18 299 2700  
i-oplei-f20-106@nwu.ac.za

Internal Box 125  
Room 120  
Building 8  
+27 16 910 3321  
v-it-training@nwu.ac.za