



# Course Enrolment Form

Please complete and scan and email to Frans at [frans@codemedix.co.za](mailto:frans@codemedix.co.za)

Please enrol me for the following course commencing on \_\_\_\_\_ 2019  
**Introduction to Basic Anatomy, Physiology and Terminology Course (e-Learning Platform)**

National ID	<input type="text"/>	Title	<input type="text"/>
Last Name (Surname)	<input type="text"/>		
Full Name/s	<input type="text"/>		
Home / Company Address	<input type="text"/>		
	<input type="text"/>		
	Home / Company Address Postal Code		<input type="text"/>
Home Phone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Phone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text"/>		
Organisation Name	<input type="text"/>		
	<input type="text"/>		
Company Order Number	<input type="text"/>		
Do you have any disability? If so, what?	<input type="text"/>		
Allergies	<input type="text"/>		

Completion of above section is compulsory for SAQA (please print)

**PLEASE NOTE:**

The following link will display the full Terms and Conditions:

<https://www.codemedix.co.za/companyoverview/legal/courseworkshop-terms-conditions/>

Please ensure that you have read and understood the Terms and Conditions.

Please select one of the course payment options below:

Mark with an

Payment Method:

Cash

Direct Deposit

Fees to be deposited into our bank account:

**Code Medix, Cheque Acc, FNB Century City, Branch Code 200-909, Account Number 62102949057**

*Please email a copy of the deposit slip to Frans on [frans@codemedix.co.za](mailto:frans@codemedix.co.za) prior to workshop.*

I hereby declare that the above information is correct and accept the terms and conditions as indicated on the website.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date