

 H.V. TEST Specialists in High Voltage Testing & Diagnostics	Course Enrolment Form for Training		Schedule HSF 03.665
			Revision: 7
	ISO 9001: 2015 Approved	Effective Date: 08.03.2013	Authorized by: H. Breda Initiated by: S. Goodwin

COURSE ENROLMENT FORM

Which course is to be attended?	Option 1 Course Only	Option 2 Course, Accommodation, Breakfast and Dinner
ORHVS (HV Regulations)		
Cable Fault Finding Course		
ID & Spiking Course		
Cable Diagnostics Course		
Jointing and Termination Course		
Basic Electricity		
Transformer Testing		
Motor Testing		
Battery Testing		
Circuit Breaker Testing		

Delegate Details:

Company: _____

Delegate Name: _____

ID Number: _____ **Position:** _____

Cell Number: _____ **Email address:** _____

Special Dietary Needs: **Kosher** **Halaal** **Vegetarian**

Invoice Details:

Physical Address: _____

P.O. Box Address: _____

Contact Name: _____

Telephone Number: _____ **Cell Number:** _____

Email address: _____ **Authorised Signature:** _____

Date: _____ **Quote Number:** _____

Order Number: _____ **VAT Number:** _____

Please return this completed form back to training@hvtest.co.za.

Directors: R.Goodwin, D.Goodwin, H.Breda, R.Campbell, S.Goodwin.