



HGTS TRAINING ACADEMY – BOOKING FORM

Please complete this form to register for one of our training courses. Submit your completed form to:

Email: info@hgtstrainingacademy.co.za

SECTION 1: PARTICIPANT INFORMATION

Full Name: _____

Phone Number: _____

Email Address: _____

Organization (if applicable): _____

Job Title: _____

Nationality: _____

ID / Passport Number: _____

Gender: Male Female Prefer not to say

Do you have any physical disabilities or special needs? Yes No

If yes, please specify (must be submitted at least 7 days before course):

SECTION 2: COURSE SELECTION

Course Title: _____

Course Date(s): _____

Training Location: Online In-person (specify city): _____

Course Duration: _____

Payment Method: Bank Transfer Mobile Money Cash Other: _____

Invoice Required? Yes No

If yes, please provide invoicing details:



SECTION 3: EMERGENCY CONTACT

Full Name: _____
Relationship: _____
Phone Number: _____

SECTION 4: TERMS & AGREEMENT

Please confirm the following:

- I have read and agree to the **Terms and Conditions** of HGTS Training Academy.
- I understand and accept the **Refund Policy**.
- I confirm that the information provided above is accurate.
- I consent to being contacted regarding future courses and offers (optional). Yes No

Signature: _____ **Date:** _____

Office Use Only (HGTS Admin Section)

Booking Received By: _____
Date Received: _____
Payment Confirmed: Yes No
Booking Status: Confirmed Pending Cancelled
Special Requirements Noted: Yes N/A