



Course Registration Form

To: Training Administrator
From: Cummins Africa learning centre
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Email: carlyn.pillay@cummins.com (copy: Mhambi.hlope@cummins.com)

To be completed in Full (please print to sign - scan and send):

Name of company nominating participant: _____

Name and address to which correspondence should be sent: _____

Participant's Name: _____

Have you completed any Cummins training before? Y N

Participant's Promotion ID Number (Cummins Training): _____

Position in Company: _____

Course Name: _____

Course Ref. Number: _____ Date: _____

Does the participant meet the Fundamental skills requirements? (See catalogue) Y N

Has the participant completed the required pre-requisites for the course? (See SPG) Y N

Does the participant understand health & safety standards of training center? (See catalogue) Y N

Do you acknowledge that participants will not be allowed into PPE areas without the relevant PPE. (See catalogue) Y N

The Technical Training Center reserves the right to place the participant on the next available course when requested courses are oversubscribed.

Signature: _____ Tel No: _____

Position: _____ Fax No: _____

Date: _____ Order No. _____

Email Address: _____