



# INTERNATIONAL INSTITUTE FOR SPORT SCIENCE AND FITNESS TRAINING ENROLMENT FORM - 2016

Certain learner information is required to enable IIFT to report on learner achievements to the authorities as required. We appreciate your assistance in ensuring that our records are complete.

Return to IIFT : [iift@icon.co.za](mailto:iift@icon.co.za)

**Please indicate which core course you would like to enrol for :**

***Please Tick***

2 0 1 5 Example

- 1
- 2
- 3

**Enrolment year**

**SHORT COURSES - ELECTIVES NB: If you tick the Personal Trainer course above you need to do a compulsory additional elective**

**(Please tick)**

- 5.1
- 5.2
- 5.3
- 5.4
- 5.5
- 5.6
- 5.7
- 5.8
- 5.9
- 5.10
- 5.11
- 5.12
- 5.13
- 5.14
- 5.15
- 5.16

(Included in core - Only if you would like to become:  
e.g Cardio Kickbox instructor )

**Please indicate in which region you will sit for exams and attend practical classes**

- GAUTENG
- FREE STATE
- LIMPOPO
- KWAZULU NATAL
- WESTERN CAPE
- POTCHEFSTROOM

## STUDENT PERSONAL DETAILS

**NB: Please use one block per letter or digit**

**YOUR DETAILS**

Surname  Initials

Full Names

Preferred First name

Maiden name

Identity Number  Birth date

Pass port Number

*\* If SA citizen, fill in your ID number, otherwise your Passport number*

Equity 

BA: Black: African	BC: Black: Coloured	BI: Black: Indian	Wh: White
--------------------	---------------------	-------------------	-----------

**Please Tick**

Title 

Prof	Dr	Mr	Mrs	Miss	Other
------	----	----	-----	------	-------

**Please Tick**

Gender 

Male	Female
------	--------

**Please Tick**

Language 

English	Afrikaans
---------	-----------

**(In which language do you prefer your manuals to be)**

Home Language 

Afr: Afrikaans	Eng: English	Nde: isiNdebele	Nde: isiNdebele	Oth: Other
SASL: SA Sign language	Sep: sePedi	Ses: seSotho	Set: seTswana	Tsh: tshiVenda
Xho: isiXhosa	Xit: xiTsonga	Zul: isiZulu	<b>Please Tick</b>	

Disabilities 

01- Sight	02- Hearing	03- Communication	04- Physical	05- Intellectual	06- Emotional	07- Multiple
-----------	-------------	-------------------	--------------	------------------	---------------	--------------

**Please Tick**

Nationality

T-shirt Size

## DOCUMENTS TO BE SEND TO IIFT OFFICE WITH REGISTRATION

1. Matriek certificate (Certified copy) Latest results from Institution
2. ID document of yourself / If under age also the ID of person responsible for payment
3. ID photo
4. Proof of payment of deposit and post dated cheques



# CONDITIONS

Headings are for convenience only and will not be used in the interpretation of these conditions

## AMENDMENTS

- 1 Unforeseen circumstances may necessitate the appointment of Lecturers other than those advertised.
- 2 **Course date's, time, venue and topics are SUBJECT TO CHANGE and the total of students enroled will have an effect.**

## REGISTRATION

- 1 Proof of registration and acceptance of the enrolment will be supplied.
- 2 The number of seats on each course is LIMITED and acceptance will be on a first come first served basis.

## CANCELLATIONS

- 1 IIFT reserves the right to cancel or postpone a course. Applicants will be informed and all fees will be refunded.
- 2 Cancellations are accepted, IN WRITING and WITHOUT PENALTY, up to 30 days prior to date of commencement.
- 3 **Students canceling less than 30 DAYS prior to date of commencement of the course will be liable for payment of full fees.**
- 4 **NON-ARRIVALS will be liable for payment of the full fees.**
- 5 **Students cancellation during the duration of the course will be liable for all fees**
- 6 SUBSTITUTES will be accepted.

## PAYMENT OF FEES

- 1 Deposits are not refundable.
- 2 Course fees must be paid **IN FULL before course commence.**
- 3 NO cash will be accepted at Registration on the date of commencement.
- 4 IIFT reserves the right to refuse admission, if proof of payment cannot be supplied.
- 5 **Proof of payment must be faxed to the FINANCE DEPARTMENT prior to date of commencement.**
- 6 **If you cancel during the course you will still be liable for the full amount.**
- 7 Any proof of payment, must reflect the payment REFERENCE as indicated on the proof of registration.
- 8 18% Interest per annum will be added on invoices more than 30 days overdue

I hereby confirm that the information supplied on this form are correct and that I have read and agree to the conditions stipulated on the reverse side of this enrolment form. I accept personal responsibility for payment of the relevant fees as and when required.

Name and surname: (Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_