

## REGISTRATION FORM: SHORT COURSE TRAINING

### Course Information

COURSE TITLE			
DATE(S)		VENUE	

Personal Information		Employment Information	
FIRST NAME		OCCUPATION	
MIDDLE NAME		ORGANISATION	
SURNAME		ADDRESS	
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female		
DATE OF BIRTH			
MOBILE		TELEPHONE	
EMAIL		FACSIMILE	
POSTAL ADDRESS			
FNPF ID # OR			
DRIVING LICENCE #			

I confirm that all the information given above is complete and correct.

Pacific Technical and Further Education (Pacific TAFE) reserves the right to postpone or cancel courses on the basis of insufficient registration or for any other reason that will be deemed necessary.

### **NB:**

For **Sponsored Participants**, please indicate details (Sponsors name/address) to whom the invoice should be billed to:

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\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

### **OFFICIAL USE ONLY**

#### **Fees**

Amount Paid/Invoiced	Receipt No.	Date	Pacific TAFE Staff Name	Signature

For Further Enquiries:

Phone: (679) 3312193/3312194/3312297/3312195

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