

**SKILLS TRAINING ENROLMENT FORM -**



Dates: \_\_\_\_\_

Training: \_\_\_\_\_

Fee: \_\_\_\_\_

**EMPLOYER'S DETAILS -**

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Work Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel - Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please list any specific areas of concern to you, and we will attempt to handle them during the training -

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LEARNER'S DETAILS -**

Name \_\_\_\_\_

Highest Education: \_\_\_\_\_

Home Language: \_\_\_\_\_

ID No. or D.O.B. \_\_\_\_\_

Duration of employment \_\_\_\_\_ years

Total years \_\_\_\_\_ work experience

Contact No: \_\_\_\_\_

Ability to read or write - (please tick)

Excellent Fair Poor

Place of employment - (please tick)

House Townhouse Apartment

Employed on the basis of - (please tick)

Full Time Part Time No. of Days

\_\_\_\_\_

Duties include - (please tick)

Gen. Cleaning Cooking Childminding

Laundry/Ironing Table Laying Frailcare

Gardening Driving Other

Skills required and comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please advise if Learner has any healthy problems, e.g diabetes, high blood pressure, any dietary requirements, eg. Wheat allergy, Vegetarian, or any specific care needs.

WHERE DID YOU HEAR ABOUT US? \_\_\_\_\_

**Domestic Bliss -VAT Reg No 4550210639 235 Jan Smuts Avenue, Parktown North**

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