

# PROJECT MANAGEMENT SHORT COURSES

## ENROLLMENT FORM

### 1. COURSE NAME:

### 2. LEARNING PLATFORM:

### 3. START DATE:

### 4. ENTRY REQUIREMENTS: Please Tick

- Grade 12 or Equivalent
- Basic Project Management Experience
- Project Management Fundamentals Course

### 5. LEARNER PERSONAL DETAILS:

Name:

Surname:

E-mail Address:

Cellphone Number:

### 6. LEARNER STREET ADDRESS:

Address 1

Address 2

Address 3

Country

Postal Code



**7. INVOICING INFORMATION:**

**Contact Person:**

**Street Address:**

**Address 1**

**Address 2**

**Address 3**

**Country**

**Postal Code**

**E-mail Address:**

**Telephone Number:**

*Please email completed form to [info@pmlj.co.za](mailto:info@pmlj.co.za)*