

# Enel Green Power Photovoltaic Skills Training 2016 APPLICATION FORM - ATLANTIS

Print in **BLOCK** letters and complete one form per candidate.

**Please Note:** The courses are free of charge and are funded by Enel Green Power

**Return (Email) completed form to: Master Artisan Academy SA**  
Att: Margo Thompson · Email: [margo@maasa.com](mailto:margo@maasa.com) · Tel: +27 (0)43 726 1842.

### COMPANY INFORMATION

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Company: \_\_\_\_\_ Designation: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_  
 Telephone: CODE \_\_\_\_\_ NMBR \_\_\_\_\_ EXT. \_\_\_\_\_ Facsimile: CODE \_\_\_\_\_ NUMBER \_\_\_\_\_  
 Email: \_\_\_\_\_

### PARTICIPANT INFORMATION

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 ID/Passport: \_\_\_\_\_ Race: AFRICAN  COLOURED  WHITE  INDIAN  Gender: M  F   
 Nationality: \_\_\_\_\_ Position: \_\_\_\_\_  
 Telephone: CODE \_\_\_\_\_ NMBR \_\_\_\_\_ EXT. \_\_\_\_\_ Cellular: CODE \_\_\_\_\_ NUMBER \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Highest Academic Qualification: \_\_\_\_\_  
 Highest Technical Qualification: \_\_\_\_\_  
 Where did you hear about the course: \_\_\_\_\_  
 Special dietary requirements: \_\_\_\_\_

### COURSE SELECTION

Course Name: PHOTOVOLTAIC INSTALLER/WORKER  PHOTOVOLTAIC SELLER  PHOTOVOLTAIC ENTREPRENEUR   
 Course Venue: ATL  Dates: SELECT FROM THE SCHEDULE BELOW DD/MM/MM to DD/MM/MM

### COURSE SCHEDULE

#### Photovoltaic Installer/Worker (5 Days):

1 - 5 February, 8 - 12 February

#### Photovoltaic Seller (5 Days):

1 - 5 February OR

#### Photovoltaic Entrepreneur (5 Days)

1 - 5 February

**Please complete the following if you have already attended any of the Enel courses:**

Course Attended	Venue						
INSTALLER/WORKER <input type="checkbox"/>	JHB <input type="checkbox"/>	DBN <input type="checkbox"/>	CT <input type="checkbox"/>	PE <input type="checkbox"/>	EL <input type="checkbox"/>		
PHOTOVOLTAIC SELLER <input type="checkbox"/>	JHB <input type="checkbox"/>	DBN <input type="checkbox"/>	CT <input type="checkbox"/>	PE <input type="checkbox"/>	EL <input type="checkbox"/>		
ENTREPRENEUR <input type="checkbox"/>	JHB <input type="checkbox"/>	DBN <input type="checkbox"/>	CT <input type="checkbox"/>	PE <input type="checkbox"/>	EL <input type="checkbox"/>		

Signature: \_\_\_\_\_ Date: DD/MM/YYYY