

ASDA Approved Training Provider Application Form

FOR OFFICE USE ONLY :

Account Number :	
Invoice Number :	
Payment Received :	
Status :	
Site Authorisation Number:	
Approval Status :	
Approved By :	

Please indicate which ASDA Approved Training Provider (ATP) are you interested in :

(Please tick left box)

<input type="checkbox"/>	Private College
<input type="checkbox"/>	Onsite Trainer
<input type="checkbox"/>	NPO
<input type="checkbox"/>	University
<input type="checkbox"/>	TVET
<input type="checkbox"/>	Vocational

Please indicate which ASDA Trades you would like to train below

(Please tick left box)

<input type="checkbox"/>	Boilermaking
<input type="checkbox"/>	Rigging
<input type="checkbox"/>	Sheet Metal Work
<input type="checkbox"/>	Electrical
<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Aircon & Refrigerating
<input type="checkbox"/>	Pipe Fitter
<input type="checkbox"/>	Bricklaying
<input type="checkbox"/>	Carpentry
<input type="checkbox"/>	Painting & Decorating
<input type="checkbox"/>	Welding

Please indicate the type of institution you are :

	Secondary School
	Private College
	Technical College - TVET
	University
	Employer
	Other : Please state below

Institution Name and Details:

Company Name:			
Company Reg Nr:			
Company Vat Nr:			
Trading Name:			
Physical Address:			
		Code	
Postal Address:			
		Code	
Telephone Number:	()		
Fax Number :	()		
Email Address			

Contact Person:

First Name:	
Surname:	
Mobile Number:	
Personal Email Address:	

Alternate Contact Person:

First Name:	
Surname:	
Mobile Number:	
Personal Email Address:	

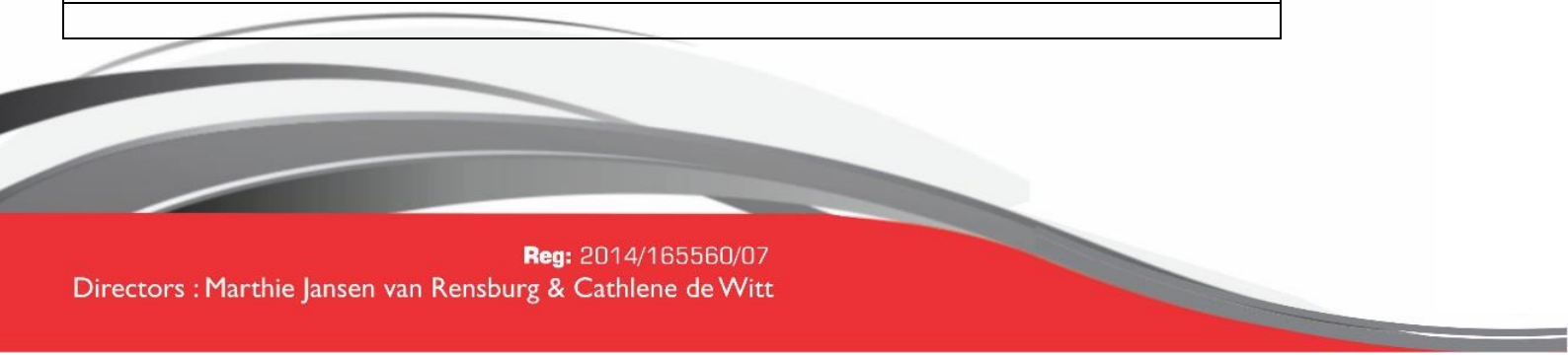
Full Names of Top Management (Principal, Vice-Principal, Head of Faculty or Department):

Name of Person 1:	
Designation:	
Mobile Number:	
Email Address:	
Name of Person 2:	
Designation:	
Mobile Number:	

Email Address:	
Name of Person 3:	
Designation:	
Mobile Number:	
Email Address:	
Name of Person 4:	
Designation:	
Mobile Number:	
Email Address:	

Indicate your current facilities:

Please indicate the training / instructional equipment you have available



Trade Trainers: (Indicate names and Qualifications of Trade Trainers)

Name of Trainer 1:	
ASDA Qualification:	
Training Qualification:	
Number of Years experience in Trade:	
Status of Employment (Part Time / Permanent):	
Personal Email:	
Name of Trainer 2:	
ASDA Qualification:	
Training Qualification:	
Number of Years experience in Trade:	
Status of Employment (Part Time / Permanent):	
Personal Email:	
Name of Trainer 3:	
ASDA Qualification:	
Training Qualification:	

Number of Years experience in Trade:	
Status of Employment (Part Time / Permanent):	
Personal Email:	
Name of Trainer 4:	
ASDA Qualification:	
Training Qualification:	
Number of Years experience in Trade:	
Status of Employment (Part Time / Permanent):	
Personal Email:	

Company Expertise (Please tick all areas of expertise provided by company):

(Please tick left box)

<input type="checkbox"/>	Classroom Type Training
<input type="checkbox"/>	One-on-One Training
<input type="checkbox"/>	E-Learning
<input type="checkbox"/>	Videos
<input type="checkbox"/>	Other : (Please Specify)

Course Details (Sage Pastel short course):

Will you be providing ASDA trades as a short course?	
Number of prospective learners:	

Course (ASDA Trades as supplementary subject):

Name of qualification(s) that will include ASDA as part of the curriculum:	
Duration of qualification(s)	
Duration of ASDA Trade training related to this qualification(s)	
Where will the ASDA Trades fit into the Syllabus:	
Number of prospective learners:	

Other information you wish to add to motivate your application:

For web referrals, please indicate three areas closest to you:

Area 1:	
Area 2:	
Area 3:	

Please attach photos of your training centre, showing the outside to include signage, the reception area, proposed ASDA classrooms viewed from front and back of class.