

**BASIS APPROVED TRAINER / TRAINING PROVIDER
REGISTRATION INFORMATION**

CONFIDENTIAL

TRAINER / COLLEGE	
TRAINER'S NAME	
ADDRESS	
TELEPHONE NO.	
MOBILE NO.	
E-MAIL	

Please complete the details overleaf for all courses you wish to train. If you wish to offer more than three courses please copy a blank sheet and attach to the back of this form.

SIGNATURE	
PRINT NAME	
DATE	

THIS INFORMATION IS CONFIDENTIAL AND USED FOR THE SOLE PURPOSE OF BASIS TRAINING.

COURSE TITLE:

ACADEMIC QUALIFICATIONS:

TEACHING QUALIFICATIONS:

WORK EXPERIENCE:

EXAMINATION EXPERIENCE:

COURSE TITLE:

ACADEMIC QUALIFICATIONS:

TEACHING QUALIFICATIONS:

WORK EXPERIENCE:

EXAMINATION EXPERIENCE:

COURSE TITLE:

ACADEMIC QUALIFICATIONS:

TEACHING QUALIFICATIONS:

WORK EXPERIENCE:

EXAMINATION EXPERIENCE: