

## TRAINING ENROLMENT FORM

### Instructions:

Print this form, fill in all sections clearly and carefully by writing in block letters, scan or take photo and email to [Sandra@PeopleSmartWorld.com](mailto:Sandra@PeopleSmartWorld.com)

All data is confidential and is not forwarded to any other party.

### 1. PERSONAL DETAILS

Title: *(Please tick)*      Mr       Mrs       Miss       Ms       Dr       Other

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

Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

Contact details:    Skype: \_\_\_\_\_    Mobile \_\_\_\_\_

PayPal Email: \_\_\_\_\_  
(PayPal invoice will be sent to this email)

Month of Birth \_\_\_\_\_      Gender: \_\_\_\_\_

### 2. COURSE INVESTMENT

DISC Practitioner Certification (USD \$1,595)

### 3. STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course? *(Tick boxes that relate to you)*

- |  |  |
|--|--|
| <input type="checkbox"/> To get a job                              | <input type="checkbox"/> To develop my existing business     |
| <input type="checkbox"/> To start my own business                  | <input type="checkbox"/> To try for a different career       |
| <input type="checkbox"/> To get a better job or promotion          | <input type="checkbox"/> It was a requirement of my job      |
| <input type="checkbox"/> I wanted extra skills for my job          | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> For personal interest or self development | <input type="checkbox"/> To develop my staff and team/s      |

### 4. DECLARATION

I certify that all details provided on these forms are correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_