



The Central Chamber of PIFSA

Presents

## Telephone Technique and Front Office Skills

### COURSE OBJECTIVES:

First impressions are lasting and customers can be won or lost during their encounters with your business. Realise the value of an efficient and motivated receptionist and ensure that customers and other business contacts receive a good first impression. Skill your staff for this position.

### DURATION:

Starting Date: 25 February 2010  
Duration: 1 day  
Time: 08:30 – 16:30

### COURSE CONTENTS:

- Customer Service
- The Reception Area
- Handling Appointments
- Messages
- Telephone Technique
- Grooming and Appearance
- Communication Skills
- Greetings
- Dealing with Complaints
- Security and the Reception Area

### COST:

R1425.00 (Incl. VAT) per delegate (PIFSA Members)

*The cost includes a Light lunch, tea & coffee and Course notes*

### VENUE:

The Braids, Unit D, Ground Floor  
113-115 Bowling Avenue, Gallo Manor

### ENROLMENT:

For any further information please contact Renell van Rooyen at the Central Chamber office on 011 287 1167 or [renelvr@pifsa.org](mailto:renelvr@pifsa.org). For enrolment please complete the Enrolment form and fax it to Renell on 086 508 1350 or 011 287 1178.



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## COURSE ENROLMENT FORM

Course Name \_\_\_\_\_  
 Course Commencement Date \_\_\_\_\_

### COMPANY DETAILS

Company Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Company VAT Reg. No \_\_\_\_\_  
 Company Order No \_\_\_\_\_  
 Telephone No \_\_\_\_\_ Fax No \_\_\_\_\_  
 Postal Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### DELEGATES DETAILS (Please attach a copy of each delegate ID)

| Surname | Initials | ID Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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### PAYMENT DETAILS (Please fax proof of payment to 086 508 1350 OR 011 287 1178)

Please select relevant block:  PIFSA Member  Non-Member

|                      |        |         |            |         |
|----------------------|--------|---------|------------|---------|
| For Office Use Only: | Member | R _____ | Non-Member | R _____ |
|----------------------|--------|---------|------------|---------|

Payment will be made by:  Cheque (No: \_\_\_\_\_)  EFT/direct deposit

### TERMS AND CONDITIONS

I, \_\_\_\_\_ being the delegate / employer of the afore-mentioned learner(s) take full responsibility for the payment of any tuition fees, which accrue, from any training rendered to the above learner(s).

\_\_\_\_\_  
Signature of Employer

Company Stamp (If applicable)