

Course Registration Form



Hospice Wits

no end to caring

Name of Course: _____

Name and Surname:	
Institution / Company:	
Date:	
Postal Address:	
Phone No:	Fax No:
Mobile:	Email:
Dietary Requirements:	
Delegate Name (s):	
Please indicate method of payment: Cheque <input type="checkbox"/> Electronic Transfer <input type="checkbox"/> Cash <input type="checkbox"/>	
Banking Details:	
Bank	Standard Bank
Account Holder	The Centre for Palliative Learning
Branch Code	004105
Branch	Norwood
Account No.	001851578

- Bookings are not confirmed until the CPL receives a completed application form
- **Payments** – All Fees should be paid in full by the first day of course (*unless prior arrangements has been made*)
- **Cancellation** – Unless 7 working day's notice is given full fees will be charged, for group cancellation a 30% fee will be retained of overall booking
- **Certificates** will not be issued until fees have been paid in full
- **Please note** that a course will only be presented to a minimum of 12 participants,. Should a course not be filled, participants may need to move to a new date.

Contact details:

Centre for Palliative Learning (CPL) at Hospice Wits, Houghton

Contact person is **René Kleynhans**

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