



# Course Registration Form

**Name of Course:**

Ancillary Healthcare Workshop

*Name and Surname			
Institution/ Company		*Occupation/Position	
*Postal Address			
Phone No		*Cell	
*E-mail address			
*ID / Passport No			Age
*SA Citizen	Yes <input type="checkbox"/> No <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Race
Level of Education	Pre-Matric <input type="checkbox"/> Degree <input type="checkbox"/>	Matric <input type="checkbox"/> Post degree <input type="checkbox"/>	Diploma <input type="checkbox"/> Foreign <input type="checkbox"/>
Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>	Student <input type="checkbox"/>
Where did you hear about us?			
Please indicate method of payment: ATM\BANK DEPOSIT <input type="checkbox"/> EFT <input type="checkbox"/>			
<b>Banking Details</b>			
Bank		Standard Bank	
Account Holder		The Centre for Palliative Learning	
Branch		Norwood	
Branch code		004105	
Account Number		001851578	
Reference		Your name and surname \ The course you are doing	
<ul style="list-style-type: none"> <li>- <b>Bookings are not confirmed until the completed application form is received.</b></li> <li>- <b>All fees must be paid in full by the first day of the course (unless prior arrangements have been made with the supervisor).</b></li> <li>- <b>There is a no refund policy on cancellations or if courses are not completed by the set due date.</b></li> <li>- <b>Certificates will ONLY be issued for fees paid in full.</b></li> <li>- <b>Note: a course will only be presented to a minimum of 10 participants; unless otherwise determined by the supervisor. Should a course not be filled, participants may need to move to an alternative date.</b></li> <li>- <b>All * areas must be completed accurately</b></li> </ul>			
<b>Signature</b>			
<b>Date</b>			
<b>Centre for Palliative Learning</b> <b>011 483 9100 / 9128   training@hospicewits.co.za</b>			