FOR OFFICE USE ONLY			
PS ID:	Course Code:		
Student No.	Class:		



Faculty of Health Sciences Continuing Education Unit

University of Cape Town| Faculty of Health Sciences | Anzio Road | Observatory | 7925 | Cape Town Telephone: +27 21 650-5246 / 1469 | Fax: +27 86 549-4228 | e-mail: ce.administration@uct.ac.za www.ceuhealth.uct.ac.za



REGISTRATION FORM

Please complete and return your registration form to ce.administration@uct.ac.za or fax +27 (0)86 549 4228.

Course Name:			Course Date:			
Personal Details						
Title (e.g.: Dr / Mr / Mrs / Miss):						
First Names:			Surname:	Surname:		
Full Name to appear on certificat	e:					
Student Number (if previously re	gistered with UC	T):				
ID Number / Passport Number:		Date of Birth:				
Nationality:						
Highest Educational Qualification:			HPCSA / SANC Numb	HPCSA / SANC Number:		
Occupation:			Company:	Company:		
The following information is requ	ired for UCT repo	orting purpos	es:			
Gender (please select)	М	F	Race:			
Disability (please select)	No	Yes	If yes, please specify:	:		
How did you hear about this cou Bizcommunity Facebook	•	Infomailer	CEU Health Email Word of Mouth	CEU Website Other:	UCT Calender	
Contact details						
Postal address:						
Postal Code:			Country:			
Home Tel:			Cell:			
Work Tel:			Fax:			
Email:						
Me II						
Miscellaneous Do you have any special dietary r NB: Not applicable for online cou Halaal Kosher		Only religious r	reasons or allergies can be	•	se be specific.	
Do you have any other special rolling if yes, please provide details	equirements that	t we should be	e made aware of?	Yes	No	
May we add your name to our m	nailing list to rece	ive notification	on of future courses?	Yes	No	

PAYMENT INFORMATION: for individuals and companies

Who is paying for you to attend this course?

My employer/company is paying – please complete the following section "Invoices"

I am paying for myself – please use banking details in Section A below for EFTs and deposits and proceed to the final section "Terms and Conditions"

Please note: Tax invoices are only issued to companies. Individuals paying privately must use the banking details in Section A below for payment. The correct reference must be used as indicated. Please **do not** complete Section B if you are paying as an individual.

Please ensure you complete the information on Section B as it should appear on the invoice.

Invoices will be emailed to the contact person indicated below. Please ensure you give the correct person's details.

You should receive an invoice within 10 working days from the date of request. If payment is unlikely to reach us before the start of the course, we require a letter from your company stating their intention to pay the fee on receipt of an invoice.

Once payment has been made, proof of payment must be emailed to ce.administration@uct.ac.za.

A. Electronic Transfers and Direct Deposits for Individuals and Companies:						
Account name:	Account name: UCT-FHS Electives and Short Courses					
Bank Name: Standard Bank of South Africa						
Bank Address:	Riverside Centre, Main Road, Rond	ebosch, 7700, South Africa				
Account number:	Account number: 071424547					
Branch Code:	Rondebosch Branch, 051001 (S	SWIFT Code: SBZAZAJJ)				
Reference: (for individuals) 233514 [Your Initial & Surname] e.g.: 233514 PJones						
Reference: (for companies)	233514 [Invoice Number] <i>e.g.:</i> 2335	514 123456				
B. Company Invoice: (NB	Payment to be made to the bank d	etails as provided on the invoice)				
For a company to receive a	n invoice for its employee/s attend	ing a course, the following inform	nation must be completed:			
Name of Company:						
Postal Address:						
			Postal Code:			
Street Address:						
			Postal Code:			
VAT registration number:		Purchase Order Number:				
Business Sector (e.g. Commercial, Government, NPO):						
Industry Type (e.g. Finance, Electronics, Education):						
Contact person (e.g. Finance officer) to whom the invoice should be emailed						
Name:		Position:				
Email:		Tel:				

Terms & Conditions

- 1. We will acknowledge receipt of your registration form. If there are no available spaces, you will be notified.
- 2. Closing date for registrations is dependent on the particulars of each course. You may not cancel your registration after registrations have closed.
- 3. Fees are due two weeks before the start of the course, unless otherwise arranged with the Continuing Education Unit.
- 4. We must be informed of cancellations in writing at least one week before the start of the course or the full fee will be charged.
- 5. UCT reserves the right to take any legal proceedings to recover the full fees payable, and to recover the costs in connection with such recovery.
- 6. Certificates will be issued according to the official UCT People Soft record or in the name supplied on the registration form if there is no previous record. Certificates will be sent via courier to the address on this form. No certificate will be issued until full payment of the course fee has been received.
- 7. Certificates will not be issued to any student who is not in financial good standing with UCT.
- 8. UCT reserves the right to cancel the course if insufficient registrations are received, in which case, the course fee will be refunded in full if already paid.

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I have read and	accept these terms and conditions.		
Signature:		Date:	