



NATIONAL HEALTH LABORATORY SERVICE
TRAINING & SKILLS DEVELOPMENT DIVISION

COASTAL BRANCH
Greenpoint Complex
Portsworld Road
Cape Town
Tel: 021 417 9381/2
Fax: 021 421 1063

KWAZULU NATAL BRANCH
149 Prince Street
Durban
4001
Tel: 031-3276761/34
Fax: 031 332 2929

CENTRAL BRANCH
Cnr De Korte & Hospital Str
Braamfontein
Johannesburg
Tel: 011 489 9048
Fax: 011 489 9492

NORTHERN BRANCH
Centurion
P.O. Box 68252
Highveld Park, 0169
Tel: 012 678 9552/44
Fax: 012 678 9573

CORPORATE
1 Modderfontein Rd
Sandringham
2131
Tel: 011 386 6000
Fax: 011 386 6293

APPLICATION FORM FOR TRAINING AND ACADEMIC EVENTS (please tick)

TRAINING COURSES
WORKSHOPS
CONFERENCES
CONGRESSES
MEETINGS

SEMINARS
SYMPOSIUMS
PART-TIME BURSARY
FULL BURSARY
STUDY LOAN

1. Applicants for **Courses, Workshops, Bursaries and Study loans** must complete **sections A, B, C and F**.
2. Applicants for **Scientific Meetings, Seminars and Symposiums** must complete **sections A, B, E, F and G**.
3. Applicants for **Conferences, Congresses** must complete **sections A, D, E, F and G**.

A: PERSONAL INFORMATION	
TITLE:	DATE OF BIRTH:
FIRST NAME:	ID NUMBER:
SURNAME:	GENDER: RACE:
COST CENTRE:	LABORATORY/DEPARTMENT:
JOB TITLE:	JOB GRADE:
EMPLOYEE NUMBER:	TEL NO:
FAX NO:	CELL NO:
E-MAIL:	
PHYSICAL DISABILITY(courses and workshops only): <input type="checkbox"/> YES <input type="checkbox"/> NO	DIETARY REQUIREMENTS (courses and workshops only):
LINE MANAGER:	TEL:
FAX:	CELL:
E-MAIL:	
B: PROVIDER'S INVOICING DETAILS (attach official quote if applicable)	
INSTITUTION:	ACCREDITED PROVIDER NO.:
CONTACT PERSON:	JOB TITLE:
TEL NO:	CELL:
FAX NO:	E-MAIL:
POSTAL ADDRESS:	PHYSICAL ADDRESS:
PAYMENT METHOD AND AMOUNT(S) Including VAT	
<input type="checkbox"/> DIRECT DEPOSIT:	<input type="checkbox"/> NHLS PURCHASE ORDER NO:
BANK NAME:	BRANCH NAME
ACCOUNT TYPE:	BRANCH CODE:
INSTITUTION INVOICE NUMBER(S): (if applicable)	ACCOUNT NUMBER:
TOTAL AMOUNT INCLUDING VAT:	R

C: COURSE DETAILS			
COURSE CODE	COURSE NAME	PRICE (INCL. VAT)	DATE/S
COURSE ACCREDITATION NUMBER (if applicable):		NQF LEVEL:	

D: CONGRESS/CONFERENCE ATTENDANCE INFORMATION		
DATE/S	DURATION (days)	EVENT NAME
(a) Have you been officially invited by the organizers? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) If not specifically invited, do you intend presenting a paper or poster ? <input type="checkbox"/> Yes <input type="checkbox"/> No (c) If presenting a paper or poster, has it been accepted by the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No (d) Nature of contribution, if any (e.g. Chairman of session or delivering a paper)		
(e) Title of paper/poster: (Please attach abstract)		

E: FINANCIAL DETAILS (PLEASE ATTACH ALL RELEVANT INVOICES TO APPLICATION FORM) (All costs inclusive of VAT)	
Registration:	R
Accommodation: No. of days = Rate per day = R	R
Travel :	R
Total Amount requested:	R
External funding/sponsorship obtained: <input type="checkbox"/> YES <input type="checkbox"/> NO (attach proof if applicable)	
PLEASE ATTACH ORIGINAL RECEIPTS FOR ALL AMOUNTS CLAIMED BY THE EMPLOYEE FOR HIS/HER PERSONAL ACCOUNT	

F: ADMINISTRATION DETAILS

Motivation by **APPLICANT** (additional pages may be attached):

Brief motivation by **LINE MANAGER**

Name and Signature of Line Manager:	Date:
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BUSINESS MANAGER / HOD	NAME:
Approved: <input type="checkbox"/> Declined: <input type="checkbox"/> (please indicate reason)	
Business Manager'/ HOD Signature:	Date:

REGIONAL SKILLS DEVELOPMENT MANAGER	NAME:
Funding Approved : <input type="checkbox"/> Declined: <input type="checkbox"/> (please indicate reason)	COST CENTER:
Regional SD Manager's Signature:	Date:

EXECUTIVE MANAGER	NAME:
Approved: <input type="checkbox"/> Declined: <input type="checkbox"/> (please indicate reason)	
Executive Manager's Signature:	Date:

G: RECOMMENDATION BY TRAVEL GRANTS / BURSARY COMMITTEE (if applicable)

Name:	
Signature:	Date:

APPROVAL BY CEO (if applicable)	
Signature:	Date:

NHLS TERMS AND CONDITIONS:

1. Applications must be accompanied by ALL required documentation.
2. ALL relevant Sections must be duly completed.
3. Payments will be made directly to Institutions by the Finance department on receipt of an original invoice.
4. Applications not received by NHLS Training department 4 weeks prior to commencement of the course may result in time delays and ultimately disadvantage registration.
5. Employees completing studies or courses are to submit results obtained and/or certified copies of certificates to the Line Manager and NHLS Training Department. Failure to comply with this requirement will jeopardise future applications.
6. The Employee gives an understanding to utilise knowledge and skills obtained for the benefit of NHLS and its employees.
7. NHLS as an Employer is investing much time and resources in the development of it employees: NHLS hereby requires that Employees spend a minimum of 1 year in the service of NHLS (from date of qualification obtained), for each financial years' assistance granted, during which time the cost of the studies will be written off. Failure to comply with this will result in the recovery of debt from monies due to the Employee.
8. Should the Employee pass all the courses registered for, he/she shall be absolved from repaying the debt.
9. The Employee shall be liable to repay the fees for all courses failed.
10. The cost of prescribed textbooks and other material are for the account of the Employee.
11. No arrangements to be made to attend any event applied for, until authorised and approved by all relevant signatories. Payments will be made directly into Applicant's or Service Provider's Banking Account by the Finance department on receipt of all invoices.
12. Employees attending Congresses are required to submit ALL original receipts and copies of certificates obtained at the Congress to NHLS Training Department within 6 weeks after the event. Failure to do so will result in the recovery of financial aid granted to you.
13. A full report must be submitted to NHLS Training Department within 6 weeks after attendance at ALL non-NHLS events. Failure to comply with this requirement will jeopardise future training applications.

I HEREBY ACCEPT THE TERMS AND CONDITIONS OF THIS APPLICATION

<i>Applicants Signature:</i>	<i>Date:</i>
SKILLS DEVELOPMENT CAPTURE	
<i>Approved:</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Date:</i>
<i>Captured by:</i>	<i>Signature:</i>

*Application forms to be submitted to the REGIONAL TRAINING DEPARTMENT OFFICE at least 4 weeks in advance.
 Combined Skills Application Version 1- December 2008*