

FORM FOR EXTERNAL DELEGATES ONLY

NHLS NATIONAL TRAINING PROGRAMME REGISTRATION FORM FOR COURSES OR WORKSHOPS

Please complete this form fully and submit to relevant NHLS Regional Training Department.

Incomplete forms will not be considered.

PERSONAL INFORMATION	
<i>(Information pertaining to race, gender and physical disability are required for skills development statistical purposes)</i>	
FIRST NAME:	SURNAME:
TITLE:	
GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	DISABILITY- <i>specify</i> :
RACIAL GROUP:	
ID NUMBER:	CELL NO:
FAX NO:	TEL. NO:
E-MAIL :	HPCSA REGISTRATION NO. :
EMPLOYER DETAILS	
COMPANY NAME:	CONTACT NO. :
MANAGER NAME:	CONTACT NO. :
WORK ADDRESS:	
OTHER INFORMATION	
SPECIAL DIETARY REQUIREMENTS:	
OTHER SPECIAL NEEDS:	
COURSE DETAILS	
COURSE CODE:	TITLE OF COURSE:
COURSE DATE/S:	COURSE VENUE:
RELEVANT PREVIOUS EXPERIENCE:	
Signature of applicant:	Date:

Note: The NHLS Training department reserves the right to cancel any courses if insufficient applications are received.

Registration forms to be submitted to the Regional Training Department Office at least 4 weeks in advance.