



**NATIONAL HEALTH LABORATORY
SERVICE**
Training and
Skills Development Department

National Training Programme

2009

Kwa-Zulu Natal

Facilitate, Educate, Empower

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A. NHLS NATIONAL TRAINING PROGRAMME

Developmental Courses

The NHLS National Training program is aligned to national and regional business strategies and aims to provide training through a combination of internal courses and courses outsourced to accredited external training providers.

Continuing Professional Development (CPD)

The objective of the department is to provide continuing professional development activities/ workshops for all core staff. The CPD programme addresses the ultimate objective of the philosophy of continuing professional development – ‘the acquisition of new, current knowledge and measurable professional skills, with an end benefit to the patient or client’.

The Training Department has been accredited as the sole provider of CPD activities for Medical Technology within the NHLS. Each regional NHLS Training Department is an accredited service provider for CPD activities.

All laboratory CPD activities will be evaluated by the training department for registration as accredited activities under the following numbers:

Coastal	MT -09/ 00134
Kwazulu Natal	MT -09/ 00135
Central	MT -09/ 00136
Northern	MT -09/ 00137

The requirements for Continuing Education Units (CEUs) for the different registers are as follows:

Medical Technologists	30 CEUs
Medical Technicians	20 CEUs
Laboratory Assistants	10 CEUs

At least five of the above CEUs must be acquired on ethics, human rights or medical law within every year. Accrued points will be valid for a period of 24 months from the date of each activity.

The activities in this brochure supplement those that are provided on-site at each lab i.e. seminars, journal clubs, discussion groups, as well as individual activities i.e. formal studies, attendance at conferences/congresses, etc.

It is the responsibility of the individual practitioner to maintain a record of their CEUs. Form CPD1 AR on the HPCSA website may be used for this purpose and should be available in the event of any audit.

Non CPD Courses

In addition to the CPD courses, skills development courses have been included in line with national and regional strategies.

B. COURSE LIST

<u>COURSE / WORKSHOP NAME</u>	<u>CODE</u>	<u>PAGE</u>
QUALITY MANAGEMENT		
Uncertainty of Measurement including Validation	TT/QUAL/001	12
Quality Assurance and Quality Control	TT/QUAL/002	8
Introduction to QMS including Accreditation	TT/QUAL/003	8
Advanced QMS and Accreditation	TT/QUAL/004	8
Internal Auditor's course	TT/QUAL/005	9
UoM in the field of Virology testing	TT/QUAL/006	12
Monitoring of Quality Control in a Virology department	TT/QUAL/007	12
Introduction to Q-pulse	TT/QUAL/008	9
Quality Control - Chemical Pathology	TT/QUAL/009	12
Quality Control - Haematology	TT/QUAL/010	12
Quality Control - Microbiology	TT/QUAL/011	12
Advanced QC	TT/QUAL/012	9
Introduction to Laboratory management	TT/GEN/001	10
Train the trainer	TT/GEN/002	10
Induction course for Data-capturers	TT/GEN/003	12
GENERAL/TECHNICAL		
Approach to peripheral blood smears	TT/LAB/001	12
Haematological malignancies	TT/LAB/002	12
TB Microscopy workshop	TT/LAB/003	10
TB Culture workshop	TT/LAB/004	12
Parasitology workshop	TT/LAB/005	12
Antimicrobial susceptibility testing	TT/LAB/006	11
Serological diagnosis of infectious disease	TT/LAB/007	12
Mycology workshop	TT/LAB/008	12
Management of a PLG-CD4 laboratory	TT/LAB/009	12
Basic PLG/CD4 course	TT/LAB/010	12
Flow Cytometry	TT/LAB/011	12
WORKPLACE SAFETY		
Health & Safety representative training H1	TT/SAFE/001	12
Use of Fire fighting equipment F1	TT/SAFE/002	12
First Aid M1	TT/SAFE/003	12
Dangerous Goods Management (IATA)	TT/SAFE/004	12
LABORATORY INFORMATION SYSTEM		
Oracle module 1 ORAINT	IT/ORA/001	12
Oracle module 2 ORAMAN	IT/ORA/002	12
Oracle module 3 ORAADl	IT/ORA/003	12
COMPUTER LITERACY- Microsoft courses		
Excel Level 1 - Basic	IT/MS/001	12
Excel Level 2 - Intermediate	IT/MS/002	12
Excel Level 3 - Advanced	IT/MS/003	12
PowerPoint Level 1	IT/MS/004	12
PowerPoint Level 2	IT/MS/005	12
CUSTOMER SERVICE		
Focus on service	SKILLS/GEN/001	12

BUSINESS MANAGEMENT

Leadership skills	SKILLS/MAN/001	12
Strategic thinking	SKILLS/MAN/002	12
Excel for Managers	SKILLS/MAN/003	12
Project Management	SKILLS/MAN/004	12

ADMIN AND HR STAFF DEVELOPMENT

Mediation and conciliation in the workplace	SKILLS/ADMIN/001	12
Dispute resolution	SKILLS/ADMIN/002	12
Grievances, Discipline and Dismissals	SKILLS/ADMIN/003	12
Enhancing your PA and Secretarial skills	SKILLS/ADMIN/004	12
Interviewing skills	SKILLS/ADMIN/005	12

In addition to the above-mentioned courses, each branch will arrange at least one additional ethics talk, the details of which will be communicated to all staff via the Regional training manager's office.

Although all attempts have been made to ensure that the advertised dates, venues and other details of the courses are correct, these are subject to change. Registered delegates will be notified of any change.

Please note: The courses are designed for NHLS staff. However, some courses will be open to external delegates (subject to availability). External delegates should follow the registration protocol described on page 14.

All NHLS staff can apply to attend courses through the relevant Regional Training department (see page 13). The application form can be found on pages **16-19**.

C. CALENDAR OF EVENTS 2009

JANUARY

Course	Date/s	Venue	Application cut-off date
Orientation	5 th – 6 th	149 Prince Street – IT Room	
Orientation	7 th – 8 th	Newcastle – 80 Paterson Str.	
Orientation	12 th – 13 th	PMB – Greys Nurses Auditorium	
Laboratory Management Course	19 th – 22 nd	149 Prince Street – IT Room	18 December 2008
Intern Refresher Course	27 th – 30 th	149 Prince Street – IT Room	5 January 2009

FEBRUARY

Course	Date/s	Venue	Application cut-off date
Intro to QC & QA	24 th	149 Prince Street – IT Room	5 th February 2009
Intro to Q-Pulse	26 th & 27 th	149 Prince Street – IT Room	5 th February 2009

MARCH

Course	Date/s	Venue	Application cut-off date
Intro to QC & QA	To be announced	PMB – Greys Nurses Auditorium	20 February 2009
ORAMAN	To be announced	149 Prince Street – IT Room	20 February 2009
ORAINV	To be announced	149 Prince Street – IT Room	20 February 2009
ORAINV	To be announced	149 Prince Street – IT Room	20 February 2009
Stool & Blood Parasitology	30 th & 31 st	To be announced	20 February 2009

APRIL

Course	Date/s	Venue	Application cut-off date
Stool & Blood Parasitology	1 st & 2 nd	To be announced	20 February 2009
Intro to QC & QA	To be announced	Newcastle – 80 Paterson Street	
Intro to QA & QC	To be announced	Zululand – Eshowe Lab	
Intro to QC and QA	To be announced	Newcastle – 80 Paterson Street	

MAY

Course	Date/s	Venue	Application cut-off date
Intro to QMS and Accreditation	5 th – 6 th	149 Prince Street	3 April 2009
Train the Trainer	11 th – 13 th	149 Prince Street – IT Room	13 April 2009
Internal Auditors Training	14 th – 15 th	149 Prince Street – IT Room	15 April 2009
TB Microscopy Workshop	20 th – 21 st	To be announced	20 April 2009

JUNE

Course	Date/s	Venue	Application cut-off date
Approach to Peripheral Blood Smear	8 th – 10 th	IALCH - Haematology	8 May 2009
Intern Refresher Course	9 th – 12 th	149 Prince Street	8 May 2009
Introduction to QMS & Accreditation	22 nd – 23 rd	149 Prince Street	22 May 2009

JULY

Course	Date/s	Venue	Application cut-off date
Advanced QC	8 th – 9 th	149 Prince Street	5 June 2009
TB Microscopy Workshop	13 th – 15 th	To be announced	12 June 2009
Laboratory Management Course	20 th – 23 rd	149 Prince Street	19 June 2009

AUGUST

Course	Date/s	Venue	Application cut-off date
Approach to Peripheral Blood Smear	12 th – 14 th	IALCH - Haematology	10 July 2009
Introduction to QMS & Accreditation	17 th – 18 th	149 Prince Street	17 July 2009
Intern Refresher Course	18 th – 21 st	149 Prince Street	17 July 2009
TB Microscopy Workshop	24 th – 26 th	To be announced	24 July 2009

SEPTEMBER

Course	Date/s	Venue	Application cut-off date
Uncertainty of Measurement	2 nd	149 Prince Street	3 August 2009
Technicians Pre Exam Revision	14 th – 17 th	149 Prince Street	14 August 2009

OCTOBER

Course	Date/s	Venue	Application cut-off date
Approach to Peripheral Blood Smear	6 th – 8 th	IALCH - Haematology	4 September 2009
Fire Safety Training	9 th	Action Training Academy	4 September 2009
First Aid Training	12 th – 13 th	Action Training Academy	11 September 2009
TB Microscopy Workshop			

NOVEMBER

Course	Date/s	Venue	Application cut-off date

D. COURSE DETAILS

QUALITY ASSURANCE AND QUALITY CONTROL

TT/QUAL/002

CONTENT: Overview of the Quality assurance and Quality control practices in a Clinical Pathology laboratory.

TARGET GROUP: Newly-appointed lab managers, all technologists and technicians.

PREREQUISITES: None

DURATION: 2 days

CEUs: **12 credits**

INTRODUCTION TO QMS INCLUDING ACCREDITATION

TT/QUAL/003

CONTENT: The course will cover all aspects of the quality management system (QMS) and provide an overview of the individual elements that constitute a QMS.

TARGET GROUP: All levels of both core and non core staff.

PREREQUISITES: None

DURATION: 2 days

CEUs: **12 credits**

ADVANCED QMS INCLUDING ACCREDITATION

TT/QUAL/004

CONTENT: Introduction to the contents and application of the relevant ISO standards within the laboratory. This will be of value in the implementation, maintenance and monitoring of the QMS in accordance with accreditation standards and for internal and external auditing processes.

TARGET GROUP: All staff who will become directly involved with the implementation and monitoring of accreditation processes. Suggested: Laboratory Managers, designated Quality Managers, Senior Technologists and Internal auditors.

PREREQUISITES: Delegates should either have attended the introductory QMS / Accreditation course or be currently, directly involved in the processes. This course is a pre-requisite for the Internal Auditing course.

DURATION: 1 day

CEUs: **6 credits**

INTERNAL AUDITOR TRAINING

TT/QUAL/005

CONTENT: This course gives an overview of ISO and SANAS standards. All aspects of internal auditing processes will be discussed and experiential training will be conducted. On completion of this course, delegates will be required to perform a supervised internal audit in order to establish competency as an internal auditor.

TARGET GROUP: All staff who will become directly involved with the implementation and monitoring of accreditation processes. Suggested: Laboratory Managers, Quality Coordinators, Senior Technologists and Functional auditors.

PREREQUISITES: Prior attendance at "Introduction to QMS" and "Advanced QMS including Accreditation" course.

DURATION: 2 days

CEUs: N/A

INTRODUCTION TO Q-PULSE

TT/QUAL/008

CONTENT: An interactive session on the use of Q-Pulse. Delegates will participate in hands-on activities via live access to Q-Pulse on the web.

TARGET GROUP: All staff who are involved in writing and review of documents used in the QMS and who use Q-Pulse on a regular basis.

PREREQUISITES: None **DURATION:** 1 day **CEUs:** N/A

ADVANCED QC

TT/QUAL/012

CONTENT: Practical tools for improving QC in the laboratory. The course includes characterization of method performance using Sigma-metrics and selecting appropriate QC procedures.

TARGET GROUP: All staff responsible for implementation of QA in the laboratory and those who function as Technical and Quality officers.

PREREQUISITES: Attendance at Introduction to QMS and QA & QC course

DURATION: 2 days **CEUs:** N/A

INTRODUCTION TO LABORATORY MANAGEMENT

TT/GEN/001

CONTENT: Delegates will be introduced to all aspects of their job descriptions.

TARGET GROUP: Staff who have been newly-appointed into Laboratory/Departmental managerial positions.

PREREQUISITES: Participants are required to have attended Introduction to QMS, Advanced QMS, QA & QC and Uncertainty of Measurement courses.

DURATION: 3 days **CEUs:** N/A

TRAIN THE TRAINER

TT/GEN/002

CONTENT: Participants will learn how to:

- Understand different learning styles and identify new ways to implement effective training in the workplace
- Effectively perform competency assessments on trainees
- Encourage and establish a coaching and mentoring environment
- Prepare an effective presentation to ensure audience participation and use training aids appropriately
- Analyze training requirements—the first step towards successful training
- Use different facilitation methods and select the most appropriate methods
- Plan and implement a training event
- Evaluate the success of training

TARGET GROUP: Day 1: On -the -Job trainers; lecturers and workshop presenters (facilitators)
Day 2: lecturers and facilitators
Day 3: facilitators only

PREREQUISITES: None **DURATION:** 3 days **CEUs:** N/A

TB MICROSCOPY WORKSHOP

TT/LAB/003

CONTENT: The mainstay of TB diagnosis and monitoring is by microscopy, and the aim of this workshop is to standardize the diagnostic and reporting procedure. This course will include stain preparation, smear preparation, QC, reporting, EQA and turnaround time. There will be hands-on practical sessions. SOPs will be provided.

TARGET GROUP: Laboratory technologists and technicians who perform TB microscopy.

PREREQUISITES: None

DURATION: 2 days

CEUs: 12 credits

ANTIMICROBIAL SUSCEPTIBILITY TESTING (AST) WORKSHOP

TT/LAB/006

CONTENT: The course will include the use and application of various methods of AST including disk diffusion vs automated AST systems, atypical organisms, MICs and interpretation of antibiograms using current CLSI guidelines.

TARGET GROUP: All qualified technologists and technicians.

PREREQUISITES: None

DURATION: 3 days

CEUs: N/A

E. PROPOSED COURSES – DETAILS TO BE ANNOUNCED

Please note: The details of the following courses are currently unavailable.

The Training department will inform staff in advance once dates have been confirmed.

Please check the Training link on the NHLS Intranet site at www.nhlsintranet.ac.za for news and updates.

QUALITY MANAGEMENT

Uncertainty of Measurement	TT/QUAL/001
UoM in the field of Virology testing	TT/QUAL/006
Monitoring of Quality Control in a Virology department	TT/QUAL/007
Quality Control - Chemical Pathology	TT/QUAL/009
Quality Control - Haematology	TT/QUAL/010
Quality Control - Microbiology	TT/QUAL/011
Induction course for Data-capturers	TT/GEN/003

GENERAL/TECHNICAL

Approach to peripheral blood smears	TT/LAB/001
Haematological malignancies	TT/LAB/002
TB Culture workshop	TT/LAB/004
Parasitology workshop	TT/LAB/005
Serological diagnosis of infectious disease	TT/LAB/007
Mycology workshop	TT/LAB/008
Management of a PLG-CD4 laboratory	TT/LAB/009
Basic PLG/CD4 course	TT/LAB/010
Flow Cytometry	TT/LAB/011

WORKPLACE SAFETY

Health & Safety representative training H1	GEN/SAFE/001
Use of Fire fighting equipment F1	GEN/SAFE/002
First Aid M1	GEN/SAFE/003
Dangerous Goods Management (IATA)	GEN/SAFE/004

LABORATORY INFORMATION SYSTEM

Oracle module 1 ORAINT	IT/ORA/001
Oracle module 2 ORAMAN	IT/ORA/002
Oracle module 3 ORAADI	IT/ORA/003

CUSTOMER SERVICE

Focus on service	SKILLS/GEN/001
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BUSINESS MANAGEMENT

Leadership skills	SKILLS/MAN/001
Strategic thinking	SKILLS/MAN/002
Excel for Managers	SKILLS/MAN/003
Project Management	SKILLS/MAN/004

ADMIN AND HR STAFF DEVELOPMENT

Mediation and conciliation in the workplace	SKILLS/ADMIN/001
Dispute resolution	SKILLS/ADMIN/002
Grievances, Discipline and Dismissals	SKILLS/ADMIN/003
Enhancing your PA and Secretarial skills	SKILLS/ADMIN/004
Interviewing skills	SKILLS/ADMIN/005

F. APPLICATION and CONTACT DETAILS

All delegates should send the **original** completed and signed application forms together with their approved leave application (where relevant) to the Training department in their region at least four weeks prior to the scheduled date of the event.

The application form may be found on **pages 16-19** of this brochure. This form is also available on Q-Pulse.

Registration of non-NHLS delegates will only be confirmed on receipt of payment (see page 14).

Enquiries for further course information should be directed to the Regional Skills Managers.

COASTAL BRANCH – CC10951 Greenpoint Complex, Portwood Road Cape Town	
Trish Müller Tel: 021 417 9382 Cell: 082 900 0304 Email: patricia.muller@nhls.ac.za	Shireen Sissing Tel: 021 417 9381 Cell: 082 803 4543 Email: shireen.sissing@nhls.ac.za
KWAZULU NATAL BRANCH – CC80951 149 Prince Street Durban, 4001	
Praneel Budhu Tel: 031 327 6761 Cell: 082 803 5370 Email: praneel.budhu@nhls.ac.za	Melini Govender Tel: 031 327 6734 Cell: 083 468 0556 Email: melini.govender@nhls.ac.za
CENTRAL BRANCH – CC40951 Cnr De Korte & Hospital Street Johannesburg, 2001	
Melony Davids Tel: 011 489 9048 Cell: 082 809 5586 Email: melony.davids@nhls.ac.za	Patrick Makgeledisa Tel: 011 489 9048 Cell: 082 809 5100 Email: patrick.makgeledisa@nhls.ac.za
NORTHERN BRANCH – CC60951 Centurion PO Box 68252, Highveld Park, 0169	
Hillary Zitha Tel: 012 678 9552 Cell: 082 886 8579 Email: hillary.zitha@nhls.ac.za	Busisiwe Ngubeni Tel: 012 678 9544 Cell: 082 886 8972 Email: busisiwe.ngubeni@nhls.ac.za

G. PAYMENT DETAILS

NHLS DELEGATES

Once an application has been approved *for funding* by the Training department, the costs of the training will be settled on behalf of the staff member. For further information, see NHLS Terms and conditions (last page of Application form).

EXTERNAL (NON-NHLS) DELEGATES

Non-NHLS delegates must pay in advance, by direct payment into the NHLS banking account. Registration will only proceed after receipt of proof of payment (deposit slip) and a completed **Registration form** (on page 15).

Please use the relevant Cost Centre (CC) number as a reference number when making a deposit. See page 13 for CC number of each regional Training department.

BANKING DETAILS:

DIRECT DEPOSIT

National Health Laboratory Service

First National Bank

Parktown Branch

Branch code 250455

A/C no. 58811152924

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.*



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

Application forms to be submitted to the REGIONAL TRAINING DEPARTMENT OFFICE at least 4 weeks in advance.
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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	

Application forms to be submitted to the REGIONAL TRAINING DEPARTMENT OFFICE at least 4 weeks in advance.
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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 CENTRE:
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

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

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