

# Course Booking Form

Student to please complete this form, sign page 2 and send it with a copy of your ID to [admin@educationforhealth.africa](mailto:admin@educationforhealth.africa)

Course Details							
Course Name							
Participant Details							
Full Names							
Title	Dr	Mr	Mrs	Miss	Ms	Date of Birth	
ID or Passport No.							
Home Address							
Work Address							
Nationality				Country of Residence			
Phone Number				Mobile Number			
Email							
2nd Email							
Gender				Home Language			
Qualifications & Experience							
Invoicing Details							
Invoice to be made out to							
Person responsible for Payment							
Contact Numbers							
Email							
Physical Address							
VAT No				Company Reg No			
Invoice Type Required	Pro-forma	Invoice	Certificate to be sent to	Company	Participant		
Does your company work with Purchase Orders?	Yes	No	Results to be disclosed to Supervisor / Manager?	Yes	No		
Supervisor / Manager Details							
Name							
Contact Numbers							
Email							
Supplementary Exam Invoicing Details							
Supplementary exam fees at R400 (excl VAT) per re-assessment							
Person responsible for supplementary exam fees:							
Where did you hear about us?							
Friend	Internet	Conference	Flyer	Work	Other		
If Other, please specify							



**Confirmation**

On receipt of your booking form and ID copy we will send you a confirmation email supplying you with an invoice, banking details and client reference number. Your booking can only be confirmed once proof of payments is received.

**Agreement to terms, conditions and indemnity**

The booking form should be completed by the student interested to attend and not the employer, as consent should be given by the student and not a second party. In confirming this booking, I hereby indemnify Education for Health Africa for any claim that may arise against us for any loss, damage (direct or indirect) loss of profits, costs, expenses and/or liability of whatever nature and however arising or caused which Education for Health Africa or any third party may suffer, incur or sustain or which may arise, directly or indirectly as a result of the personal injury or death of our employees and/or representatives whilst they undertake training presented by Education for Health Africa. I am aware that it is my responsibility to contact Education for Health Africa if I do not receive an acknowledgment to this booking. I agree to my details being added to the Education for Health Africa database so that information relating to my booking can be sent to me.

**Other**

All training material and presentations are in English.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_