

Course Booking Form

Learner to please complete this form, sign and send it with supporting document to support@educationforhealth.africa

Please complete the form in clear print

LEARNER DETAILS			
Full names & surname			
Title	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Date of Birth	
ID or Passport No.			
Home Address			
Work Address			
Nationality		Country of Residence	
Phone Number		WhatsApp Number	
Email			
2nd Email			
Gender		Home Language	
Disability / Special Needs			

LEARNER QUALIFICATIONS (COMPULSORY)			
Highest qualification	<input type="checkbox"/> Tertiary	<input type="checkbox"/> Matric	<input type="checkbox"/> Other
	Specify:		
Registration with professional councils	<input type="checkbox"/> HPCSA	<input type="checkbox"/> SANC	<input type="checkbox"/> Other
	Specify:		
Please attach clear copies off: <i>(compulsory)</i>	<input type="checkbox"/> ID copy	<input type="checkbox"/> Qualification	<input type="checkbox"/> Proof of registrations

COURSE DETAILS 1			
Course method	<input type="checkbox"/> Hybrid	<input type="checkbox"/> eLearning	
Course name			
Course date			
Location for practical day	<input type="checkbox"/> Johannesburg	<input type="checkbox"/> Cape Town	<input type="checkbox"/> Durban
COURSE DETAILS 2			
Course method	<input type="checkbox"/> Hybrid	<input type="checkbox"/> eLearning	
Course name			
Course date			
Location for practical day	<input type="checkbox"/> Johannesburg	<input type="checkbox"/> Cape Town	<input type="checkbox"/> Durban
COURSE DETAILS 3			
Course method	<input type="checkbox"/> Hybrid	<input type="checkbox"/> eLearning	
Course name			
Course date			
Location for practical day	<input type="checkbox"/> Johannesburg	<input type="checkbox"/> Cape Town	<input type="checkbox"/> Durban

LEARNER CONSENT

Do you agree to being photographed during training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initial
Do you agree to individual or group images being uploaded onto the WhatsApp training group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initial
Do you agree to individual or group images being used on our website/training manual covers/or on any other Education for Health Africa marketing material?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initial

WHERE DID YOU HEAR ABOUT US?

Friend Internet Conference Flyer Work Other

If Other, please specify:

INVOICING DETAILS

Who is responsible for payment (Tick one)	<input type="checkbox"/> Learner <input type="checkbox"/> Company	
Name/Company name on invoice		
Postal address		
Physical address		
Contact number		
Person to receive the invoice		
Email address		
VAT No	Company Reg No	
Does your company work with purchase orders	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SUPERVISOR / MANAGER DETAILS (TO BE COMPLETED AND SIGNED BY THE SUPERVISOR)

For all sponsored training there will be a progress report sent to the supervisor on a regular basis.

Name & surname			
Designation			
Contact Numbers			
Email			
Company Stamp			Supervisor Signature
Certificate to be sent to	<input type="checkbox"/> Company <input type="checkbox"/> Learner	Learner consent	Learner Signature

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.

Learner signature _____

Agreement to Terms, Conditions and Indemnity

The booking form should be completed by the Learner interested to attend and not the employer, as consent should be given by the Learner 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.

Learner signature _____

Terms & Conditions

Courses are subject to cancellation by Education for Health Africa if a minimum number of applications are not received by the registration deadline prior to the course date. In this case, your fee can be transferred to the next available course, or will be refunded. However, Education for Health Africa is not responsible for travel or accommodation costs incurred by the individual due to cancellation. We caution you not to book any non-refundable travel arrangements until you receive the final course confirmation email, which is provided on or near the course date.

Please let us know in writing as soon as possible if you cannot attend. Cancellations must be in writing.

Full refunds will be given for cancellations made 10 working days before the course begins, minus a 10% administration fee.

If less than 5 working days' notice is given the full course fee will still be payable.

If between 5- and 10-days' notice is given 50% of the course fee will still be payable.

The date of cancellation is the date notification is received at Education for Health Africa.

Education for Health Africa reserves the right to withdraw / reschedule a course at any time.

Learner signature _____

Other

All training material and presentations are in English.

Learners / companies requiring translation of training materials may do so prior to training at their own cost.

Learners will receive results via email on the email address provided on this booking form.

Learner signature _____