

Course Booking Form

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

Please complete the form in clear print

LEARNER DETAILS			
Title	☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms	Date of Birth	
Full names & surname			
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			
Alternative contact: <i>*Should we not get hold of you</i>			
Name & Surname			
Phone Number			
Email			

Course entry requirements:

- To qualify as audiometrist you need anatomy and physiology on tertiary level
- To qualify as spirometrist and / or vision screener you need matric
- Should you not have the minimum entry requirements as specified above, you qualify to do the Occupational Health assistant course which will enable you to conduct audiometry, spirometry and vision screening tests

LEARNER QUALIFICATIONS & EXPERIENCE (COMPULSORY)			
Highest qualification	☐ Tertiary	☐ Matric	☐ Other
	Specify:		
Registration with professional councils	☐ HPCSA	☐ SANC	☐ Other
	Specify:		
Please attach clear copies of: (compulsory)	☐ ID copy	☐ Qualification	☐ Proof of registrations
Are you currently working in an Occupational Health Clinic?	☐ Yes	☐ No	Nr of Years: _____
Do you currently have access to a clinic where you can complete your portfolio of evidence	☐ Yes	☐ No	
	If Yes, name of clinic:		

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COURSE DETAILS 1

Course name				
Course method	☐ Hybrid	• Theory self-study • Question and answer online sessions once a week • In-person practical practice day		
Course date				
Location for practical day	☐ Johannesburg	☐ Cape Town	☐ Durban	☐ Online

COURSE DETAILS 2

Course name				
Course method	☐ Hybrid	• Theory self-study • Question and answer online sessions once a week • In-person practical practice day		
Course date				
Location for practical day	☐ Johannesburg	☐ Cape Town	☐ Durban	☐ Online

COURSE DETAILS 3

Course name				
Course method	☐ Hybrid	• Theory self-study • Question and answer online sessions once a week • In-person practical practice day		
Course date				
Location for practical day	☐ Johannesburg	☐ Cape Town	☐ Durban	☐ Online

LEARNER CONSENT

Do you agree to being photographed during training?	☐ Yes	☐ No	Initial
Do you agree to individual or group images being uploaded onto the WhatsApp training group?	☐ Yes	☐ 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?	☐ Yes	☐ No	Initial

WHERE DID YOU HEAR ABOUT US?

☐ Friend	☐ Internet	☐ Conference	☐ Flyer	☐ Work	☐ Other
If Other, please specify:					

Continue on next page

INVOICING DETAILS			
Who is responsible for payment (Tick one)	☐ Learner ☐ 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	☐ Yes ☐ 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	
Where a company is sponsoring the training, the certificate will be sent to the supervisor as per details shared above. The learner will be notified once the certificate has been sent to the supervisor and can request their supervisor to share it with them.			
Certificate to be sent to	☐ Company ☐ Learner	Learner consent	Learner Signature

Continue on next page

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 _____