**Continuing Professional Development**

**Programme**

**Registration form 2020**

To be completed and returned to Gillian Williams or Sandra Jemaar – email: [ebe-cpd@uct.ac.za](mailto:ebe-cpd@uct.ac.za)

**Course name**

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**Personal details**

|  |  |
| --- | --- |
| Surname: | First / preferred name: |
| Full names *(as they appear on your ID)*: | |
| Title: | Gender: ☐Female ☐Male |
| SA ID no. / passport no.: | Date of birth: DD / MM / YYYY |
| Highest educational qualification: | |
| Institution: | |
| UCT student no. *(if previously registered at UCT)*: | Disability: ☐No ☐Yes |
| Occupation: | Company: |

**Contact Details**

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| --- | --- |
| Postal address: | |
| Postal code: | Email: |
| Work tel: | Cell: |

**Miscellaneous**

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| How did you hear about this course? |
| If you are not already on our mailing list, may we add you to receive notifications of further courses?   * Yes, I am happy to receive mailings. * No, please don’t send me anything extra |
| Any access requirements? e.g wheelchair user, mobility problems, visual/hearing impaired: |
| Any dietary requirements? e.g halaal, kosher, allergies *(only religious reasons or allergies can be catered for)*: |

**Payment**

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| Who is paying for you to attend this course?   * My employer/company (please complete the section "Invoicing details" below) * I am paying for myself   Please note: Do not make payment until prompted; you will receive further correspondence regarding payment once registered for the course. | |
| Please note that you are the registered short course participant and as such, are PERSONALLY liable for the payment of the short course fee, irrespective of whether your employer or any third party has offered to sponsor your attendance.  Please note that we need to receive a minimum number of registrations for a course to be economically feasible for us. Once we have confirmed that a course can go ahead, we will contact you with payment instructions.  If a tax invoice is required for a **company payment**, please complete the details below  **Invoicing details:** | |
| Contact person to whom the invoice should be emailed: | |
| Email: | Tel: |
| Company name: | VAT registration number: |
| Company address: | |

**Terms and conditions**

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| 1. On submission of this registration form you will receive confirmation of acceptance on to the course and your unique student number. If there are no available spaces, you will receive notice of this, and your name will go on a waiting list. 2. Unless otherwise specified, the closing date for registrations is one week before the start of a course and fees are due one week before the start of a course. In the event that you are still awaiting an invoice, please supply a letter from your company stating their intention to pay the fee on receipt of an invoice. 3. We must be informed of cancellations in writing at least one week prior to the start of a course **or the full fee will be charged**. If the fee has been paid and the registration is cancelled in time, a R500 admin fee will be charged for a refund 4. You may not cancel your registration after registrations have closed. If you do not arrive for a course, you will be marked as absent and this will be reflected on your Professional Development Career at UCT. 5. Certificates will only be issued if payment has been received in full. Certificates will be issued in the name supplied on the application form. Where possible, certificates will be handed out at the final lecture. If not, they will be posted via registered mail to the address on this form. 6. UCT reserves the right to take any legal proceedings to recover the full fees payable, and to recover the costs in connection with such recovery 7. UCT reserves the right to cancel the course if insufficient registrations are received, in which case the course fee will be refunded in full if already paid. 8. Please note that you are the registered short course participant and as such, are personally responsible for the payment of the course fee, irrespective of whether your employer or any third party has offered to sponsor your attendance. |
| **I have read and accept these terms and conditions.**  Signature: Date: |