Continuing Professional Development Programme

Registration Form 2019

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Course Name | | | | | | | |
|  | | | | | | | |
| Personal Details | | | | | | | |
| Title: | | | | | | | |
| Surname: | | | | | | | |
| Full names *(as they appear on your ID)*: | | | | | | | |
| UCT student number *(if previously registered at UCT)*: | | | | | | | |
| ID Number: | | | | | | | Date of Birth: |
| Highest educational qualification: | | | | | | | Institution: |
| Occupation: | | | | | | | |
| Company/Organisation: | | | | | | | Country: |
| *The following information is required for UCT reporting purposes:* | | | | | | | |
| Gender *(please tick)* : | | M | | F | | Special Dietary Requirements: | |
| Disability *(please tick)*: | | Yes | | No | | If yes, please specify: | |
| How did you hear about this course: | | | | | | | |
| Contact details | | | | | | | |
| Postal address: | | | | | | | |
|  | | | | | | | |
| Postal Code: | | | | | | | |
| Home tel: | | | | | | | Cell: |
| Work tel: | | | | | | | Fax: |
| Email: | | | | | | | |
| Payment information: | | | | | | | |
| **Please note: Bank account details are different for individuals and for company payments.**  Company payments:  If you require an **invoice** for a company payment indicate this below. | | | | | | | |
| Invoice required: | Yes | | No | | If an invoice is required, you will be sent an SD004 form to complete | | |
| Personal payments (payment information for **individuals** paying the fees personally)  Bank: Standard Bank, Account name: UCT EBE CPD Program, Branch: Rondebosch, Branch Code: 025009  Account Number: 270 654 275  ***It is essential that you use your student number as a reference when making this payment.***  ***Proof of payment to be emailed to*** [***ebe-cpd@uct.ac.za***](mailto:ebe-cpd@uct.ac.za) ***or faxed to 021 650 3082, for attention Sandra or Heidi*** | | | | | | | |
| Cheque Payments: Made payable to ***University of Cape Town***  Cheque payments can be made at registration by arrangement with the administrators | | | | | | | |
| Financial Assistance  Fundi is a registered financial services provider specialising in student loans.  Moredetailsare available on the website [www.fundi.co.za](http://www.fundi.co.za) | | | | | | | |
| Terms and Conditions | | | | | | | |
| 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. | | | | | | | |
| **I have read and accept these terms and conditions** | | | | | | | |
| Signature: Date: | | | | | | | |