Registration form

|  |
| --- |
| You must complete all relevant sections of the registration form.  Direct any queries to 011 726 7482 or training@ihrm.co.za. |

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| --- |
| Please attach:   1. Certified copy of identity document (not older than three months) |

# Course details

|  |  |
| --- | --- |
| Course name | Medical scheme management skills programme |
| Course date | 11 February 2021  12 February 2021  18 February 2021  19 February 2021  23 February 2021 |
|  | Online Teams meeting  09:00 to 15:00 |

# Personal information

This information is required for certification and quality assurance purposes.

|  |  |
| --- | --- |
| ID Number |  |
| Title | Miss Mr Mrs Ms Adv Dr Hon Prof Rev |
| Full name (exactly as on ID document) |  |
| Preferred name |  |
| Date of birth | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Y | Y | Y | Y | M | M | D | D | |
| Sex | Female Male |
| Race | African Coloured Indian Asian White |
| Disabilities |  |
| Home language |  |
| Nationality |  |
| Residential status | South African Permanent Resident  Dual citizenship Other |
| Telephone number |  |
| Mobile phone number |  |
| E-mail address |  |
| Physical address |  |
| Postal code |  |
| Postal address |  |
| Postal code |  |

# Last school attended

|  |  |
| --- | --- |
| Name |  |
| Province |  |
| Year |  |

# Employment details

|  |  |
| --- | --- |
| Socioeconomic status | Employed Unemployed |
| Employer name |  |
| Employer SDL number |  |

# Billing details

|  |  |
| --- | --- |
| Billing contact person |  |
| Billing contact e-mail address |  |
| Company name |  |
| Company VAT number |  |
| Company billing address |  |

# TERMS AND CONDITIONS

## Cost

R 8 000.00 excluding VAT per delegate.

## Payment

Full payment must be made 72 hours prior to the commencement of the course.

## Confirmation

Registrations will be deemed confirmed upon payment and will be subject to these Terms and Conditions.

## Cancellation

All cancellations must be submitted in writing. If you cancel within three days of the course the full course fee is payable.

# Consent

|  |  |
| --- | --- |
| I, |  |

(full name)

consent to IHRM providing INSETA with my personal information for certification and quality assurance purposes.

|  |  |
| --- | --- |
| Signature |  |
| Date |  |