

*Dr Lizette Labuschagne*

Social work consultation and training



MINKE SAAYMAN  
Child and Family Centre

## REGISTRATION FORM

Please take note: Every individual must complete his/her own Registration Form.  
If completed by hand, please print clearly in black.

Name:			
Surname:			
Profession:			
Organisation:			
Email:			
Telephone:		Cell No.:	
Name of workshop that you wish to attend:			
Date of workshop that you wish to attend:			
Name to appear on attendance certificate:			
Do you suffer from any medical condition that we should be aware of:			


## PAYMENT

<b>Bank Details:</b>							
<b>Account Name:</b>	Minke Saayman Practice	<b>Bank:</b>	Absa	<b>Branch:</b>	Northcliff	<b>Branch Code:</b>	632005
<b>Account Type:</b>	Cheque	<b>Account Number:</b>	406 861 5590				
Please send proof of payment <u>together with</u> the completed Registration Form via Email: <a href="mailto:info@minkesaaymanpractice.co.za">info@minkesaaymanpractice.co.za</a> .							

I have read the *Terms and Conditions* relevant to the workshop I wish to attend and I understand that a **non-refundable amount of 25 %** of the course fees will be retained in case of cancellation less than 5 days prior to the start of the workshop. I understand that I, as an individual attending the course, remains responsible for payment of course fees.

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Signature

 078 099 2887

 [info@minkesaaymanpractice.co.za](mailto:info@minkesaaymanpractice.co.za)

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**TERMS AND CONDITIONS:**

1. No registration will be accepted without proof of payment of the relevant deposit.
2. 25 % of course fees are **non-refundable** when cancelling attendance to a course less than 5 days prior to the start of the course.
3. Receipts for payments are available on request.
4. Dates and times are subject to change.
5. The individual attending the course, remains responsible for payment of course fees.
6. Certificates will only be issued upon receipt of the completed evaluation form.
7. All course materials are subject to copyright.

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