



**Short Course in Palliative Nursing Care for Professional and Enrolled Nurses
Day Release OR Distance Learning**

REGISTRATION FORM 2016

Title	Surname			Full Names													
ID Number	SANC Number												Male	Female			
Qualifications												Race	B	W	C	A	O
Please tick one	Professional Nurse	Enrolled Nurse	Course- please tick one						Day Release	or	Distance Learning						
Current Occupation																	
Workplace Sector (Please tick)			NGO	FBO	Private Sector	Government	Other: _____										
Employer																	
Postal Address												Code					
Physical Address												Code					
Tel - Work				Fax				Cell									
Tel - Home				Email													

PAYMENT DETAIL

Payment Method (Please tick your choice)						Cheque	Credit Card	Electronic Transfer	Bank Deposit	
Credit Card Number						Expiry Date			Master	Visa
Last 3 digits on back of card			Budget	Y	N	6 months	12 months	18 months		
Surname and Initials as on Credit Card						Signature				

HOSPICE PALLIATIVE CARE ASSOCIATION OF SOUTH AFRICA
BANKING DETAILS
 Account name: Hospice Palliative CASIPO
 Account number: 271 189 118
 Bank: Standard Bank
 Branch name: Pinelands
 Branch code: 36309
 Reference number: Surname SCPNC

Registration closing date: 22 JANUARY 2016
 Please submit registration form, copy of ID, Copy of SANC receipt and proof of payment to:
 Leshoko Komane
 Tel: 012 664 8538
 Fax 086 513 9814
 Em: lesoko@hpca.co.za

ALL COURSE FEES MUST BE PAID IN FULL BY 31 MARCH 2016.

CANCELLATIONS:

HPCA reserves they right to cancel or postpone a course. Applicants will be informed and all fees will be refunded. Cancellations are accepted in writing and without penalty until 31 March 2016, however, students will be responsible to pay for all training material received as well as a pro rata fee for lectures attended. Non-arrivals will be liable for payment of the full fess. Substitutions are accepted.

DECLARATION

I, _____ hereby declare that I have read and understood the brochure and registration form and I commit myself to the course and to remit any fees owed by myself to HPCA.

Surname and Initials	Signature	Date:
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I, _____ in my capacity as _____

Organisation / Employer Name: _____
 support this application and will grant the required study leave.

Signature	Date:
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