

APPLICATION TO REGISTER FOR TRAINING COURSES IN PREPARATION FOR 2010

Please email to: satriage@webmail.co.za OR fax to: 086 6208854

ALL fields must please be completed and candidates need to be recommended by their Nursing Manager, Medical Manager or Supervisor (see below)

Candidates must arrange and cover their own travel and accommodation expenses.

Candidate Details						
Name						
Surname						
Health Profession mark appropriate box and specify level or give detail	Medical Doctor		Nurse ENA / RN / PN / CPN		Firefighter Level/ rank:	
	Paramedic Level/rank:		Other Specify:		Police Level/ rank:	
Discipline						
Name of Institution that you work at?						
Current unit you work in?						
Do you work in	Public Sector	Y	Private Sector	Y	Public & Private	Y
		N		N		N
If private (tick or specify)	Netcare		Life Healthcare		Mediclinic	
	Other (specify):					
HPCSA number for CPD accreditation						
ID number						
Cell phone number			Landline number			
Postal Address						
Physical Address						
City of work						
Province of work						
Email Address						
Which course are you applying for?	2 day MIMMS		1 day MIMMS		SATS	
	2 day HMIMMS		1 day HMIMMS		FEC	
Date of course you are applying for?						
Supervisor Details						
Name						
Surname						
Email Address						
Reason for recommending the above candidate to attend the respective course						
Signature:					Date:	