WESTERN CAPE REHABILITATION CENTRE (WCRC) AND DARE CONSULT

WESTERN CAPE REHABILITATION CENTRE

BASIC LEVEL SEATING WORKSHOPS: Application 2014

Notes:

- Please complete electronically and email back to wheelchairs@dareconsult.co.za
- Complete **one** application form per participant only.
- Please refer to the **information sheet** for a list of tools, notes and equipment participants need to bring to the course.

Costing:

- **R3 250.00**
- Reprint of lost CPD certificates **R200.00**

Payments:

- **R2 250.00** deposit must accompany the application in order for you to be placed on the list of participants.
- The balance is payable no later than 1 month prior to the date of the course.
- If you book within one month of the course, the full amount needs to be paid immediately.
- The deposit is not - refundable should you cancel within 1 month of the starting date of the course.
- Participants whose costs are paid by their Skills Development Funds should personally pay the required fees and claim back from their Skills Development Funds. Alternatively, attach a letter from your Skills Development Department to confirming that your registration fees will be paid by the skills fund See information sheet for more details.
- Send proof of payment to: email wheelchairs@dareconsult.co.za or fax **086 5112 164**

Banking information:

Account holder:	**WCRC Facility Board**
Account number:	406 775 3915
Bank:	ABSA
Branch:	Goodwood Mall
Branch code:	512-710
Type account:	Cheque
Reference:	your name plus date of the course

- Logis supplier number **P8806** or BAS supplier number **H0010743**

NB: Please mark with an "X" on the date that you want to attend:

Date of course: ☐ 24 - 28 March 2014 ☐ 26 - 30 May 2014 ☐ 23 - 27 June 2014

☐ 25 - 29 August 2014 ☐ 20 - 24 October 2014

FIRST NAME(S) AND SURNAME: .....

NAME AS FOR NAME TAG (first name / nickname only): .....

OCCUPATION: .....

PROFESSIONAL REGISTRATION NUMBER: .....

POSTAL ADDRESS: .....

PLACE OF WORK: .....

WORK ADDRESS: .....

TEL: H ..... W .....

FAX ..... C .....

E-MAIL ADDRESS: .....

I accept the terms and conditions as set out below: ☐YES / ☐NO (Tick the applicable answer)

Terms and conditions:

- Bookings will only be secured only after receipt of proof of the deposit.
- The balance is payable no later than a month before the start of the course.
- The deposit will be returned if the applicant is not accepted for the course.
- Due to the clinical nature of the training, you will need to have professional indemnity insurance.
- No refunds for cancellations within one month of the start of the course

Note: On receipt of your application & proof of deposit, we will confirm via email or fax. Should you not receive any confirmation it means we have not received your application. Please contact us again.