

**REGISTRATION FORM**

Application Form

HDA requires certain information to facilitate appropriate participant registration.

We appreciate your assistance in ensuring that you complete the form.

**Application & Workshop Queries: 011-4848217**

**Return to Fax: +27 (0)11 484 8238 or Email ahani@hda.co.za**

**APPLICANTS DETAILS**

Title:			
Surname:			
Full names:			
Sex ( <i>tick one</i> ):	Male		Female
Identity/Passport no:			
Country of residence:			

**CONTACT DETAILS**

Postal Address:

	Code

Physical Address:

	Code

Home Phone:		
Mobile Phone:		
Email Address:		

**QUALIFICATIONS**

Highest Academic Qualification:	
Institution:	
Professional Associations/Bodies:	

**EMPLOYMENT/OCCUPATION DETAILS**

Company/Institution Name:	
Occupation/Job title:	
Physical Address:	

Work Phone:		
Work Fax:		
Work Email:		

**REGISTRATION FORM**

**PRIMARY INDUSTRY OF EMPLOYMENT**

*Tick which applies*

- Government/Public Administration
- Civil Society (NGO, CBO, FBO)
- UN Agency
- Development Partner (Donor Agencies)
- Multinational
- Independent consultant/own company
- Other


**EMERGENCY CONTACT**

Title:

Surname:

Full names:

Relation:

  

Work Phone:

Home Phone:

Mobile Phone:

*I herewith accept personal responsibility and liability for the payment, should the payment be returned by the bank. I have read and agree to the conditions of entry as stated in this document.*

Signature:

Date:

**CONDITIONS**

Headings are for convenience only and will not be used in the interpretation of these conditions.

**Amendments**

Unforeseen circumstances may necessitate the appointment of **SPEAKERS** other than those advertised. Event date(s), time, venue and topics are **SUBJECT TO CHANGE**.

**Registration**

Proof of registration and acceptance of the enrolment will be supplied. The number of seats on this workshop is **LIMITED** and acceptance will be on a first come first serve basis. All consultants will be registered on the Technical Support Facility-Southern Africa database for potential consultancy work in the Southern Africa region.

**Cancellation**

Cancellations are accepted, **IN WRITING and WITHOUT PENALTY**, up to 14 days prior to date of commencement. Delegates cancelling less than 14 DAYS prior to date of commencement of the course will be liable for payment of full fees.

**Payment of Fees**

The Workshop fee must be paid in **FULL** before date of commencement. **NO CASH** will be accepted at Registration on the date of commencement. Proof of payment must be faxed to the attention of: Andiswa Hani at ahani@hda.co.za prior to date of commencement. Any proof of payment, must reflect the payment **REFERENCE** as indicated on the registration form.

## REGISTRATION FORM

### **BANKING DETAILS**

Account Holder: Health & Development Africa  
Name of Bank: Standard Bank  
Name of Branch: Hyde Park  
Branch Code: 006605  
Type of Account: Current  
Account number: 0222 363 25  
Reference: **M&E + (Your Surname & Initial)**

**Reference code example** : If your name is Themba Ntuli, your reference code will be: **M&E NTULIT**  
**M&E + surname** (Ntuli) and **initial** (T) = **M&E NTULIT**

### **HOW TO REGISTER**

Fax or Email **Proof of Payment** AND COMPLETED **Registration Form** to:

**Ms Andiswa Hani**  
**Fax: +27 (0)11 484 8238**  
**Email ahani@hda.co.za**