



12. **TITLE** (Mark with an "X")

PROF	DR	MR	MISS	MRS
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**B. EDUCATIONAL PARTICULARS**

**13. QUALIFICATIONS**

QUALIFICATION	NAME	INSTITUTION	YEAR OBTAINED
MATRIC			
CERTIFICATE			
DIPLOMA/DEGREE			
DIPLOMA/DEGREE			
DIPLOMA/DEGREE			

14. **COUNCIL WITH WHICH YOU ARE REGISTERED:** .....

15. **REGISTRATION NO:** .....

**C. EMPLOYMENT PARTICULARS**

16. **NAME OF EMPLOYER:** ..... **POSITION:** .....

17. **EMPLOYERS ADDRESS:** ..... **TELEPHONE NUMBER:** .....

**DECLARATION**

I, ..... (name of applicant), hereby declare that the information furnished above is correct.

Signed ..... this the.....day of ..... (month) ..... (year)

**INFORMATION TO BE ATTACHED**

1. Certified copy of Identity Document.
2. Certified copies of relevant educational certificates.
3. Certified copies of relevant registration certificate and proof of current registration.
4. Proof of payment

**BANKING DETAILS**

**ACCOUNT HOLDER:** PUBLIC HEALTH INSTITUTE OF SOUTH AFRICA  
**BANK NAME:** NEDBANK (GATEWAY UMHLANGA RIDGE)  
**TYPE:** CURRENT ACCOUNT  
**BRANCH CODE:** 189905  
**ACCOUNT NUMBER:** 1043-7153-63  
**REFERENCE:** SURNAME INITIALS  
**AMOUNT:** R1800.00 + VAT=TOTAL R2070.00 (1-day workshop)  
R2500.00 + VAT=TOTAL R2875.00 (2-day workshop)