

## CHILD RIGHTS AND CHILD LAW FOR HEALTH AND ALLIED PROFESSIONALS SHORT COURSE APPLICATION FORM

1 September 2014 - 5 Se	eptember 2014		
Title (Prof, Dr, Mr, Mrs, Ms, 6	etc.)		
Name and surname			
Profession/Occupation			
Name of organisation / department / institution		Telephone number (including dialing code)	
Division / Unit		Fax number	
Position / Job title		Mobile number	
E-mail address			
Physical work address (include town and province	<u>a</u> )		



Are you currently involved in tea	aching or training?	☐ Yes	□ No		
Please specify (level and year)					
What is your particular area of interest in child health?					
Why are you interested in finding out more about children's rights and child law?					
How do you hope to use the training in your work?					
	<u>I</u>				
You can either to <u>bee.william</u> completed for Successful app	r click on the "sub s@uct.ac.za, or cli rm to 021-689 833 plicants will be se	omit by e-mail" button ick on the "print form" 30 nt further information	n to enable payment of fees.		
You will receive confirmation that your place has been secured when we receive proof of payment.					