



## Faculty of Health Sciences Continuing Education Unit

University of Cape Town | Faculty of Health Sciences | Anzio Road | Observatory | 7925 | Cape Town  
Telephone: +27 21 650-5246 | Fax: +27 86 549-4228 | e-mail: [ce.administration@uct.ac.za](mailto:ce.administration@uct.ac.za)  
[www.ceuhealth.uct.ac.za](http://www.ceuhealth.uct.ac.za)



### REGISTRATION FORM

Please complete and return your registration form to [ce.administration@uct.ac.za](mailto:ce.administration@uct.ac.za) or fax +27 (0)86 549 4228.

**Course Name: Introductory Course to Laboratory Animal Science**

#### Personal Details

Title:		
Surname:		
Full names:		
Student Number (if previously registered with UCT):		
ID Number (please attach a copy of your ID):		
HPCSA Number:	SAVC Number:	
Highest educational qualification:		
Occupation:		
Company:		
Supervisor (if a degree student):		
Title of Research:		
Animal Species Studied:		
Will you personally be working hands-on with animals?	Yes	No

*The following information is required for UCT reporting purposes:*

Gender (please tick) :	M	F	
Disability (please tick):	Yes	No	If yes, please specify:
Race:			
How did you hear about this course:			

#### Contact details

Postal address:	
Postal Code:	
Home Tel:	Cell:
Work Tel:	Fax:
Email:	

**Miscellaneous**

Do you have any special dietary requirements? (Only religious reasons or allergies can be catered for). Please be specific.

Halaal    Kosher    Vegetarian    None    Other

Do you have any other special requirements that we should be made aware of? Please provide details. Yes / No

May we add your name to our mailing list to receive notification of further courses? Yes / No

**Payment information: for individuals and companies**

**Please note: Tax invoices are only issued to companies. Please complete your company details below to receive an invoice.**

**A. Electronic Transfers and Direct Deposits for Individuals and Companies:**

Account name: University of Cape Town, Current Account

Bank Name: Standard Bank of South Africa

Bank Address: Riverside Centre, Main Road, Rondebosch, 7700, South Africa

Account number: 071503854

Branch Code: Rondebosch Branch, 025009

Reference: *(for individuals)* 201118 [Your Initial & Surname] e.g.: 201118**PJones**

Reference: *(for companies)* 201118 [Invoice Number] e.g.: 201118**123456**

**B. Company Invoice:**

**In order for a company to receive an invoice for its employee/s attending a course, the following information must be completed:**

Name of Company:

Postal address:

Postal Code:

Street address:

Postal Code:

VAT registration number:

PO number *(if required on invoice)*:

Business Sector *(e.g. Commercial, Government)*:

Industry Type *(e.g. Finance, Electronics, Education)*:

Contact person:

Tel:

Fax:

Email:

Name of person attending the course:



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**Please note:** You should receive an invoice within 10 working days from the date of request, but *please ensure that you send proof of payment to us*. If payment is unlikely to reach us before the start of the course, we require a letter from your company stating their intention to pay the fee on receipt of an invoice.

### Terms and Conditions

1. On submission of this registration form you will receive confirmation of acceptance on to the course. If there are no available spaces you will receive notice of this and your name will go on a waiting list.
2. Closing date for registrations is dependent on the particulars of each course. Fees are due and payable upon registration or as outlined per course. In the event that you are still awaiting an invoice, please supply a letter from your company stating their intention to pay the fee on receipt of an invoice.
3. We must be informed of cancellations in writing at least one week prior to the start of a course **or the full fee will be charged**. If the fee has been paid and the registration is cancelled in time, a R500 admin fee will be charged for a refund
4. You may not cancel your registration after registrations have closed.
5. Certificates will only be issued if payment has been received in full. Certificates will be issued in the name supplied on the application form. Where possible, certificates will be handed out at the final lecture. If not, they will be posted via registered mail to the address on this form.
6. UCT reserves the right to take any legal proceedings to recover the full fees payable, and to recover the costs in connection with such recovery
7. UCT reserves the right to cancel the course if insufficient registrations are received, in which case the course fee will be refunded in full if already paid.

**I have read and accept these terms and conditions**

Signature:

Date:

### Registration details for capture by Faculty staff

Year	COURSE CODE										CLASS NUMBER																		
2017										C	E																		
<b>Captured by</b>	<b>Signature</b>										<b>Date</b>	D	D	M	M	Y	E	A	R										