

## CHILD RIGHTS AND CHILD LAW FOR HEALTH AND ALLIED PROFESSIONALS

## SHORT COURSE APPLICATION FORM

🔿 1 September 2014 - 5 September 2014

Title (Prof, Dr, Mr, Mrs, Ms, 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)	
*	INIVERSITY OF CAPE TOWN

Are you currently involved in teaching or training?		
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?		

To apply for the course, please return your completed form to Bronwen Williams. You can either click on the "submit by e-mail" button, or save and e-mail the form to <u>bee.williams@uct.ac.za</u>, or click on the "print form" button and fax the completed form to 021-689 8330

Successful applicants will be sent further information to enable payment of fees. You will receive confirmation that your place has been secured when we receive proof of payment.