APPLICATION FORM FOR PHARMACEUTICAL CALCULATION COURSE

SEE BELOW

For Office use only

ANNEXURE A: APPLICATION FOR PHARMACEUTICAL CALCULATION COURSE

Personal Information:

Title:						
Surname:						
First name(s):						
Preferred name:						
ID number:						
Professional qualification:				Year obtained:		
Occupation:						
HPCNA registration no. (if applicable):						
Practice number (if applicable):						
Population group (optional, for statistical purposes only) Choose Ovambo, Kavango, Herero, Himba, Damara, mixed race (Coloured/Bastard), White Namibians (Afrikaner, German, British and Portuguese), Nama, Caprivian, San or Tswana.						
Gender: (Tick one)	Male		Female			
Contact numbers:	Home:			Work:		
	Fax:			Cell:		
E-mail address:						
Retype E-mail address:						
Address for correspondence:	Physical Work: Postal code		Postal Work: Postal code		Postal Home: Postal code	

Employer Information:

Employer: (Tick one)	Private sector:		Public Sector:			
Name of practice where employed:						
If public sector:	Sub-district:		District:		Region:	
Name of Owner/Manager:						
Contact details of employer:	Tel:			Fax:		
	Cell:			E-mail:		

Payee Information:

Amount incl. VAT payable:	**Course fee of N$450 (incl. VAT)** **NOTE: N$50 Cash Deposit fee will be charged for each cash transaction**					
Who should be invoiced: (Tick one)	Self-funded:		Employer:			
Name person or company to be invoiced:						
Company VAT number: (If applicable)						
Contact person in case of company:						
Contact details of payee:	Tel:			Fax:		
	Cell:			E-mail:		
Address for correspondence: (Person or company to be invoiced)	Physical: Postal code			Postal: Postal code		

Documentation to be attached to this application:

	List of documents:	**Check yourself:**	**For office use only:**
1.	Copy of ID document:		
2.	Proof of registration with HPCNA (if applicable)		
3.	Proof of payment – use ID number as reference		

PLEASE TAKE NOTE THAT NO APPLICATION FORM WILL BE PROCESSED WITHOUT ALL THE NECESSARY DOCUMENTS OR WITH INCOMPLETE INFORMATION.

AGREEMENT

I, the undersigned, ... declare that this application constitutes a binding agreement upon the terms set out there in between myself and MINDMAP TRAINING Consultant CC (MINDMAP TRAINING) when signed. I understand that it is **my responsibility to notify MINDMAP TRAINING within 5 working days if there have been any changes in my personal information**.

I also understand that MINDMAP TRAINING will be under no obligation to issue any results if there are any amounts outstanding on my account.

Applicant's Signature:_____ **Date:**_____

Witness Signature: _____ **Date:**_____

For office use only:
Application approved: Yes No