

Application for the dispensing course

See below

Application for registration: Dispensing for Health Care professionals in Namibia

Personal Information:

Title:			
Surname:			
First name(s):			
Preferred name:			
ID number:			
Professional qualification:		Year obtained:	
Occupation:			
HPCNA registration no.:			
Practice number (if applicable):			
For statistical purposes, Ethnic group: 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 Work:	Postal Home:
	Postal code	Postal code	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:	Non-Refundable Application fee of N\$650 (incl. VAT) Course fee of N\$9 500 (incl. VAT) - refer to payment instalments, page 2 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:		
	Postal code	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		
3.	Proof of payment – use ID number as reference		

Information regarding fees:

1.	The applicant is responsible for the payment of all assessment and re-assessment fees!!
2.	The learner will be charged a cancellation fee for not showing up at a workshop or summative assessment booked for. No show cancellation fee amounts to: - Two-day workshop: N\$500 (if any or all of the days are not attended) - Practical assignment: N\$500 - Summative assessment: N\$500
3.	If a learner is found guilty of any fraudulent activity, regarding the course, the learner will be suspended for a period of three months and fined a penalty fee of N\$1000.
4.	In the event of cancellation of the course, the learner will be liable for payment of a cancellation fee, with amounts to the following: - N\$800 (incl. VAT) admin fee; plus - N\$500 (incl. VAT) for learning material received Please note: The person initially liable for payment of the course expenditure and fee, will only be entitled to a refund of 50% of the course fee if notice of the cancellation of the course by the learner is given in writing within the first (one) month from the commencement date of the course

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

Registration number: _____