

| SHORT COURSE BOOKING FORM  |  |                 |                     |         |   |          |  |                 |              |    |  |
|--|--|-----------------|---------------------|---------|---|----------|--|-----------------|--------------|----|--|
| COURSE DETAILS – complete the ALL details on this form   |  |                 |                     |         |   |          |  |                 |              |    |  |
| Course   |  |                 |                     |         |   |          |  |                 | Date         |    |  |
| Venue  |  |                 |                     |         |   |          |  |                 | Course Codes |    |  |
| 1. LEARNER DETAILS – Complete in block letters   |  |                 |                     |         |   |          |  |                 |              |    |  |
| Surname  |  |                 |                     |         | Full names  |          |  |                 |              |    |  |
| ID number  |  |                 |                     |         | Date of birth   |          |  |                 |              |    |  |
| Highest Qualification  |  |                 |                     |         | Date  |          |  |                 |              |    |  |
| Nationality  |  |                 |                     |         | Home language   |          |  |                 |              |    |  |
| <b>Gender</b>  | Male   | Female          | <b>Ethnic Group</b> | African | Indian  | Coloured | White  | <b>Disabled</b> | Yes          | No |  |
| Telephone number   |  |                 |                     |         | Cell number   |          |  |                 |              |    |  |
| Fax number   |  |                 |                     |         | e-mail  |          |  |                 |              |    |  |
| Postal Address   |  |                 |                     |         | Physical Address                                      |          |  |                 |              |    |  |
| Province   |  | Code            |                     |         | Province  |          | Code   |                 |              |    |  |
| Employer   |  |                 |                     |         | Contact Number  |          |  |                 |              |    |  |
| Dietary Requirements   |  | Normal          | Vegetarian          | Halaal  | Next of kin   |          |  |                 |              |    |  |
| Special Needs  | Yes  | No              | Detail:             |         | Tel Nr  |          |  |                 |              |    |  |
| <b>COURSE REQUIERMENTS:</b>  | Access to a site to complete practical cases |                 |                     |         | Yes   | No       | <a href="http://www.SASOHN.co.za">www.SASOHN.co.za</a> available sites |                 |              |    |  |
|  | Access to the internet                       |                 |                     |         | Yes   | No       |  |                 |              |    |  |
|  | Proficient in English (course language)      |                 |                     |         | Yes   | No       |  |                 |              |    |  |
| 2. ACCOUNTING DETAILS / Contact person for payment   |  |                 |                     |         |   |          |  |                 |              |    |  |
| Company name   |  |                 |                     |         | Reg. Nr   |          |  |                 |              |    |  |
| Contact Person   |  |                 |                     |         | Title   |          |  |                 |              |    |  |
| Tel No   |  |                 |                     |         | Fax No  |          |  |                 |              |    |  |
| Email  |  |                 |                     |         |   |          |  |                 |              |    |  |
| Postal Address   |  |                 |                     |         | Physical Address                                      |          |  |                 |              |    |  |
| Province   |  | Code            |                     |         | Province  |          | Code   |                 |              |    |  |
| VAT number   |  | Co Order number |                     |         | <b>Signature to accept responsibility for payment</b> |          |  |                 |              |    |  |
| 3. SUPERVISOR DETAILS  |  |                 |                     |         |   |          |  |                 |              |    |  |
| Name   |  |                 |                     |         | Designation   |          |  |                 |              |    |  |
| E-mail   |  |                 |                     |         | Contact Nr  |          |  |                 |              |    |  |
| <b>IMPORTANT NOTE:</b>   |  |                 |                     |         |   |          |  |                 |              |    |  |
| <ol style="list-style-type: none"> <li>Send completed booking form and copy of your ID &amp; highest qualification to: Vuyo Batakati on <a href="mailto:coursebookings@ocsa.co.za">coursebookings@ocsa.co.za</a> or fax to 086 648 9382 to reserve your place.</li> <li>Booking confirmation will be issued upon receipt of the booking form.</li> <li>Number of applicants on each course is limited and acceptance will be on first-paid-first-served basis.</li> <li>Full course fee payment must be made before the learner may attend.</li> <li>Applicants who fail to cancel or who <b>cancel in less than 7 days</b> prior to commencement of the course will be <b>liable to pay the full fee</b>.</li> <li>Cancellations are accepted <b>IN WRITING AND WITHOUT PENALTY UP TO 7 WORKING DAYS</b> prior to commencement of the course. <b>SUBSTITUTES ARE ACCEPTED</b> right up to the start date. (ID's must be provided of both candidates).</li> <li>Unforeseen circumstances may necessitate the appointment of a speaker different from the one advertised.</li> <li><b>No results or certificates will be issued by OCSA until course fee have been paid in full.</b></li> </ol> |  |                 |                     |         |   |          |  |                 |              |    |  |