

Training Registration Form

Please take note: Every individual must complete his/her own Registration Form.

If completed by hand, please print clearly in black.

Name:			
Surname:			
Profession:		SACSSP No. :	
Organisation:			
Postal Address:			
Postal Code:		Email:	
Telephone:		Cell Phone No. :	
Fax Number:		Language:	
Name of the training that you wish to attend:			
Date of the training that you wish to attend:			
Area / Venue of the training you wish to attend:	Online	<input checked="" type="checkbox"/>	
Name to appear on the attendance certificate:			

PAYMENT

Bank Details	
Account Name:	Childline South Africa
Bank:	Nedbank
Account Type:	Current Account
Account Number:	1305978609
PLEASE USE YOUR <u>NAME AND SURNAME</u> AS PAYMENT REFERENCE FOR US TO ALLOCATE THE PAYMENT CORRECTLY.	
Please send the Proof of Payment <u>together</u> with the completed Registration Form via Email to: admin@childlinesa.org.za	

Signature

Date