

VIDA HEALTH & WELLNESS CENTRE

55 Sophia Street, Roseville, 0084

Tel: 087 265 9594 | Mobile: 072 842 3506

Email: training@vidawellness.co.za

REGISTRATION FORM

1. Personal Particulars

Course Registered for	
Title	
Full Names and Surname	
Preferred Name	
Identity Number	
Gender	
Preferred Language	
Postal address	
Residential address	
Employment & position	
Mobile phone	
Work Number	
Fax	
Additional contact number	
Email address	
Professional registration (if applicable)	

2. Agreement and Regulations

Please read the following agreement:

1. I agree to pay the workshop fees as indicated for the workshop registered for.
 2. Payment arrangement:
 - a. Please note that the workshop fees must be paid in full prior to commencement of workshop.
 - b. If the workshop fees are not paid in accordance attendance of workshop is not allowed.
 - c. Also note that fees are non-refundable if the workshop is cancelled or not attended by the learner.
 - d. Funds are also not carried over for another workshop or similar workshop at a later stage.
 3. Workshop material will be issued as determine by the presenter at the workshop accordingly.
 4. I undertake to submit myself to the rules and regulations stipulated.
 5. I hereby indicate my decision to register as a learner with the Vida Health and Wellness Centre (Training Division) for the workshop indicated in the application.
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3. Payment Agreement

This must be completed by the person responsible for the payment of the workshop fees:

Workshop registered for: _____

Workshop fees: _____

Declaration: I declare that the information supplied by me (the learner), is correct and true.

Signed

at

on

Witness

4. Banking details

Name of account holder: Vida Health & Wellness

Bank: ABSA

Account number: 406 127 1434

Branch code: 632 005

Proof of payment needs to be:

i. emailed to training@vidawellness.co.za

Reference: Name and surname