



# Vida Health & Wellness Centre

where the focus is on YOUR health

Training Division

55 Sophia street  
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Pretoria  
0084

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Mobile: 072 842 3506  
[training@vidawellness.co.za](mailto:training@vidawellness.co.za)  
<http://www.vidawellness.co.za>

## REGISTRATION FORM

### 1. Personal Particulars

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

## 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.

## 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 <a href="mailto:training@vidawellness.co.za">training@vidawellness.co.za</a>
Reference:	Name and surname