

**REGISTRATION FORM**

**GAUTENG: Midrand**

Riverview Office Park  
410 Janadel Avenue  
Tel: (010) 209 8383  
Fax: 086 638 8072  
e-mail: seccenquiries@netcare.co.za

**KWAZULU NATAL: Umhlanga Rocks**

95 Umhlanga Rocks Drive  
Umhlanga Rocks  
Tel: (031) 581 8209  
Fax: (031) 581 8247  
e-mail: seccenquiries@netcare.co.za

**MPUMALANGA: Nelspruit**

Sonpark, Piet Retief Road  
Nelspruit  
Tel: (013) 741 1620  
Fax: (013) 741 2292  
e-mail: seccenquiries@netcare.co.za

**Please note:**

- Full tuition fees are payable upfront with registration, at least one week before the commencement date of the course. No part payment or installments will be considered. Should the full course fee not be deposited within this period, your provisional booking will be deemed null and void.
- All fees must be paid via direct bank deposit or electronic transfer.
- No cash payments are accepted at any of the campuses.
- No application form will be accepted and no bookings will be made unless proof of payment is attached thereto.
- All required documents must be attached to the registration form before it will be processed.

**SECTION A: PERSONAL INFORMATION**

Surname:  Gender: Male  Female

First name:  Middle initial:  Title: Prof Dr Sr Mr Mrs Ms Other

Calling name (for name tag):  ID Number:

Race (circle your choice):  Asian  Black  Coloured  White Employee Number:

Address (Work):   
 Postal code:

Address (Home):   
 Postal code:

Preferred postal address:   
 Postal code:

Telephone numbers: Work (code )  Home (code )

Fax numbers: Work (code )  Home (code )

Cellular telephone number:  E-mail address:

Medical aid details (please attach a copy of your membership card):

Name of scheme:  Membership number:

**SECTION B: COURSE INFORMATION**

Name of course:

HPCSA number (If applicable):

Course start date:  Course end date:

**SECTION C: CANCELLATION OF REGISTRATION**

- The following cancellation rules apply once a student has been accepted onto the programme:**
1. A student shall advise the School of Emergency and Critical Care (SECC) in writing of his/her intention to cancel this registration in full or in part.
  2. No cancellation of registration in full or in part shall be of force or effect without written confirmation thereto by an authorised officer of the SECC.
  3. All student registrations are for a complete course. Should a student choose not to continue his/her studies at any point, they are required to immediately inform the programme administrators in writing. The SECC does not take responsibility for cancellations communicated verbally or not submitted to the Administration Office.
  4. A student who cancels his/her registration shall incur financial liability in terms of fees according to the cancellation rules specified below.
  5. Where a student is registered provisionally, pending submission of outstanding documentation, the registration shall be cancelled if the outstanding documents are not submitted prior to the course start date. Such a student shall be liable for payment of fees in respect of all the table below.

**Cancellation rules for all SECC courses:**  
**Please note: All registrations for BAA, AEA, CCA, ACLS, ITLS and PALS courses are subject to a non-refundable processing fee of R500.**

Date of receipt of written notification of cancellation	Cancellation fees
20 working days or more before course commences	R500 rebate
Less than 20 working days before course commences	Liable for 50% of total tuition fees
From the first date of the course commencing	Liable for full tuition fees

## SECTION D: DECLARATION AND UNDERTAKING

All applicants and their sponsors (person responsible for payment) must complete and sign this section.

I understand that the School of Emergency and Critical Care (SECC) reserves the right to decline the application if it does not meet entry criteria.

I understand that applicants will be required to take and pass an entry examination by way of a selection process for the BAA, AEA and CCA courses, which is subject to a non-refundable entry examination fee of R350.

I understand that payment of the course fee does not automatically guarantee a course certificate at the culmination of the course.

I understand that the School of Emergency and Critical Care (SECC) reserves the right to cancel courses for whatever reason, in which event money paid to the School of Emergency and Critical Care (SECC) will be refunded upon request, of held over until the next course is run.

Date:

Signature of applicant

## SECTION E: INDEMNITY AND WAIVER

All applicants must complete and sign this section

I, the undersigned,

of (provide physical address below)

hereby indemnify the Netcare 911 School of Emergency and Critical Care (SECC) and its employees, representatives, instructors or agents against any claim or claims for compensation or damage, loss or injury, fatal or otherwise, however arising, including but not limited to any acts, omissions or default, sustained during the course of any of the theoretical, operational or practical aspects of the training exercises, caused directly or indirectly to me or my belongings/properties, which indemnity shall extend to my dependants, estate or any person, whomsoever, as well as against any damage which the Netcare 911 School of Emergency and Critical Care (SECC), its instructors, servants, representatives or agents may suffer through any of my acts or omission however caused, and I hereby unconditionally waive any right that I may have against the Netcare 911 School of Emergency and Critical Care (SECC), its principals, instructors, servants, representatives or agents to claim damages of whatsoever nature however caused.

I accept that I will be undertaking any instruction, tasks or exercises at my own sole risk and peril.

I accept that this indemnity extends further to cover the re-imbusement for all legal and other expenses that may be incurred by Netcare 911 School of Emergency and Critical Care (SECC) in examining, litigation, or settling any such claim.

Thus done and signed at  on this the  day of

in the year  in the presence of the undersigned witness.

As witnesses:

1.)

(Sign here)

(Provide name in print)

2.)

(Sign here)

(Provide name in print)

## SECTION F: CONTACT DETAILS OF NEXT OF KIN

Surname:

First name:

Title:

Relationship:

Telephone numbers: Work (code )

Home (code )

Cellular telephone number:

E-mail address:

## SECTION G: SCHOOL OF EMERGENCY AND CRITICAL CARE (SECC) BANKING DETAILS

Please fax a copy of the deposit slip, as proof of payment, along with your registration form to:

SECC Administrator  
Gauteng Campus  
Fax: 086 638 8072

SECC Administrator  
KwaZulu Natal Campus  
Fax: (031) 581 8247

SECC Administrator  
Mpumalanga Campus  
Fax: (013) 741 2292

Please quote your initial, surname and reference the campus you will be attending your course at (Midrand, KZN or Nelspruit) as the reference number on your deposit slip.

Netcare 911 School for Emergency and Critical Care banking details are as follows:

Bank: Nedbank

Branch: Sandown

Branch code: 193305

Account type: Cheque

Account no: 1933 186 763

**NETCARE 911**  
24HR EMERGENCY MEDICAL ASSISTANCE