



BASIC for Nurses Registration Form

Critical Care Society of Southern Africa



- To register please complete this form in a legible hand writing
- Send you proof of payment as well as the complete form to the email address below
- Fees will be forfeited for non-attendance of courses or if cancelled within <3 weeks of course dates
- Swopping of person attending will only be allowed 3 weeks prior to the course

Please indicate which course you want to attend:

Date 14 and 15 April 2023 Province: Free State

Participant Particulars:

Surname _____ Name _____

Gender

Male	Female
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Contact details Phone number _____

Email address _____

Profession/Job title _____

Number of years' experience in ICU _____

Highest qualification _____

SANC registration nr _____

Member of CCSSA

No	Yes
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 If yes, CCSSA nr _____

Employer _____

Employer address _____

English proficiency Good Average Poor

Dietary requirements _____ (Please specify, e.g. Halaal, allergies, etc.)

Invoice to (if different from above):

Contact person _____

Organization name _____

Organization address _____

VAT registration number _____

Phone & Fax number _____ and _____

E mail address _____

Payment details:

Critical Care Society of Southern Africa CCSSA

INVESTEC

Account number: 10012010927

Branch number: 580105

(ABSA cash deposit reference: 1043960306)

VAT number: 4760221244

Email: koebaai18@gmail.com

Reference: Your name and surname

Although the organizers will do everything to ensure the safety of participants, the participants are attending this course at own risk and the organizers cannot be held responsible for any illness or injury during or after the course. All participants must adhere to social distancing and wear a mask and a visor for the duration of the course.

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