

Nomination / Application Form

Organisation _____

Email address _____

Postal address _____

Phone numbers _____

Course Title _____

Attendance Month/dates _____

Venue _____

	Position	Email	First Name	Surname
1 st Delegate				
2 nd Delegate				
3 rd Delegate				
4 th Delegate				
5 th Delegate				
6 th Delegate				
7 th Delegate				
8 th Delegate				
9 th Delegate				
10 th Delegate				

Attach a separate list in cases where the delegates are more than six (Applications can also be submitted online or by email).

Expected Outcomes/Benefits from participation

I agree that I have read and understood the enrolment and cancellation policy as posted on the AIHCD website www.aihcd.co.za

Authorised Signature: _____ Position _____ Date: _____

Send Completed Application forms to The Programmes Coordinator