



Registration Form

EMERGENCY MANAGEMENT OF SEVERE BURNS COURSE

NB: Please write legibly as this information will be used to populate your Achievement Certificate.

COURSE DATE & TIMES		VENUE									
TOWN		COUNTRY									
SURNAME											
FULL NAME											
TITLE	DR <input type="checkbox"/>	PROF <input type="checkbox"/>	MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/>	INITIALS							
GENDER	M <input type="checkbox"/> MALE	F <input type="checkbox"/> FEMALE	DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
ID NUMBER											
QUALIFICATIONS											
DEGREE											
1	DEGREE										
	UNIVERSITY										
	YEAR OBTAINED										
2	DEGREE										
	UNIVERSITY										
	YEAR OBTAINED										
3	DEGREE										
	UNIVERSITY										
	YEAR OBTAINED										
OTHER:											
SUMMARY OF EXPERIENCE AND SPECIFICALLY BURNS EXPERIENCE:											
HOME TEL						WORK TEL					
CELL											
E-MAIL											



SOUTH AFRICAN
BURN SOCIETY

SPECIALITY	
POSITION	
HOSPITAL	
DEPARTMENT	
WORK / HOSPITAL PHYSICAL ADDRESS	
	COUNTRY: _____ CODE: _____
HOME ADDRESS (POSTAL)	
	COUNTRY: _____ CODE: _____
DIETARY PREFERENCES	NOT APPLICABLE <input type="checkbox"/> SEMI-VEGETARIAN <input type="checkbox"/> (INCLUDE DAIRY & EGGS) VEGETARIAN <input type="checkbox"/> KOSHER <input type="checkbox"/> HALAAL <input type="checkbox"/> OTHER <input type="checkbox"/> <i>Please specify:</i> _____
COURSE MATERIAL	PRE-COURSE READING MATERIAL: <ul style="list-style-type: none">• Course Material will be emailed to you at least 2 weeks prior to the training event.• Please make sure that you study the material BEFORE the training day. TRAINING DAY: <ul style="list-style-type: none">• The training day consists of:<ul style="list-style-type: none">- Lectures- Skills Stations- Discussion Groups- Multiple Choice Exam- Clinical Exam- Certification
PRINTED MANUAL	Would you like a printed hard copy to be available for you on the training day? Yes <input type="checkbox"/> No <input type="checkbox"/>
HOW DID YOU HEAR ABOUT THE COURSE?	WEBSITE <input type="checkbox"/> FACEBOOK <input type="checkbox"/> WORD OF MOUTH <input type="checkbox"/> POSTER <input type="checkbox"/> <i>Where?</i> _____ OTHER <input type="checkbox"/> <i>Please specify:</i> _____

VERY IMPORTANT:

Please e-mail your Registration Form with proof of payment to:
saburnsociety@gmail.com

For enquires, please contact us via email.

BANKING DETAILS:

SA Burn Society
First National Bank
Account number: 62434454708
Code: 250655

Initial/s and Surname

Signature