Version: April 2024

ENTERPRISES University of Pretoria

MAMMOGRAPHY TRAINING APPLICATION FORM

1. The application form must be completed fully and accurately. Applications will be subject to a vetting process.
2. Please attach the following compulsory documents:
   2.1 Curriculum Vitae (CV)
   2.2 Copy of HPCSA registration certificate
   2.3 Copy of Highest qualification
3. Additionally, complete the following:
   3.1 Google online form at: https://forms.gle/Zb7vngxypELfhJ2e6
   3.2 Mammography Clinical Placement Acceptance Letter at: https://zurl.co/gkP2v
4. Submit the completed application form and all required documents to thato.baloi@enterprises.up.ac.za

Please ensure that your application includes the following:
- Completed Application Form
- CV
- HPCSA Registration Certificate
- Highest Qualification
- Completed Google Form
- Mammography Clinical Placement Acceptance Letter

NB! Only complete applications with all required documents and forms will be vetted.

Delegate details – *These details are used for the smooth administration of your participation in our training courses*													
Course name								Course start date					
First name as per ID											Title		
Middle names as per ID											Initials		
Surname as per ID											Gender		
Country of residence													
ID number													
Passport number *If not South African*													
Country of issue *If passport number used*													
Email address													
Mobile number								Office number					
Highest qualification	*Matric*		*Diploma*		*Undergraduate degree*		*Post graduate degree*		*Year completed*				

Kindly submit a copy of your ID/Passport with this registration for certificate purposes

Job details – *Please tick **X** to indicate in which industry you work*												
Agriculture, forestry, fishing, hunting		*Services – Repair & Maintenance*		*Services: Entertainment*		*Government & public administration*		*Wholesale & Retail trade*		*Engineering manufacturing*	
Mining		*Services: Social*		*Transportation*		*Finance & Insurance*		*Health & Welfare*		*Engineering service*	
Construction		*Services: Other*		*Medical*		*Real Estate*		*Sport*		*Law*	
Manufacturing		*Services: Hospitality*		*Education*		*Communication*		*IT*		*Other*	

Courier details - *Please provide us with the contact details of any two people who will be available, at the specified courier address, to receive your certificate*						
Name - primary recipient				Mobile number		
Name - alternative recipient				Mobile number		
Courier address for certificate delivery	Unit & Street no.		Suburb		Postal code	
	Street name					
	City			Province		

Invoicing details – *If some sections are not applicable, please write **N/A** or ignore*										
Responsible for payment *Tick **X***	*I am paying*		*My company is paying*		**Only complete the rest of this section if a company/ funder is paying**					
Company/ funder name *Full name of company*					Type of company *If known*	*Holding company*		*Subsidiary*		
Holding company name *If known & applicable*					Company purchase order no.					
Contact person name			Company VAT no.							
Contact number			Company registration no.							
Email address										
Physical address for invoicing	Unit & Street no.		Suburb		Postal code					
	Street name									
	City		Province							

I _____ with ID number _____ confirm that the above personal details, invoicing details, and courier details are correct, and acknowledge that the provided initials and surname will appear on all certificates. Your signature on this form serves as proof of your attendance.

POPIA (data release form)

Enterprises University of Pretoria requires your consent for certain actions - please tick ***X*** to indicate your consent – it is your choice to give consent:

	I consent to Enterprises University of Pretoria utilising the above personal details for registration purposes in the training programme where you will be a delegate, aimed at identifying, tracking, generating results, and storing results of relevant assessments.	
	I consent to Enterprises University of Pretoria making my results available to me as well as to my employer/ funder via email.	Whatsapp number:
	I consent to receive promotional material of upcoming courses via email.	
	I consent that my number can be added to a Whatsapp group if I am enrolled for a long-term course.	

Enterprises University of Pretoria will utilise the information contained herein and incidental hereto, solely for the purposes referred to and will not breach confidentiality. Furthermore, Enterprises University of Pretoria cannot be held responsible for unlawful acts and misuse of information contained herein and incidental hereto, by any and all other parties. By signing this document, you acknowledge that you have read, understood, and agree with the terms and conditions of Enterprises University of Pretoria. The terms and conditions can be found on the link below or by scanning the QR code.

https://euphubc7e6eb83fa.blob.core.windows.net/blobeuphubc7e6eb83fa/wp-content/uploads/2024/04/terms-and-conditions.pdf

Date		Signature	