



WORKSHOP/ SEMINAR APPLICATION FORM

LIFESTYLE DISEASES ENTITY

DATE OF THE WORKSHOP

Personal Details

Title:

Name: _____

Surname:

Employee / Student Number:

ID number:

Gender: Male Female

Population Group African White Coloured Asian

Telephone number (office):

Cell phone number:

Email address:

Faculty/ Entity: School of Psychosocial Health COMPRES LIFESTYLE DISEASES
OTHERS (Please specify)

Campus: MC VTC PC

NB: Once you have submitted this form your application to attend the workshops/seminars will be considered.

Signature of the applicant

Date

Signature of Supervisor

Date

Please email the completed registration form to the Senior Administrative Assistant

Mpho Merakeng – 24593184@nwu.ac.za