

REGISTRATION FORM

Misconduct and Incapacity



Complete the registration form in clear, block letters. Please e-mail the form, proof of payment and a copy of your ID document to bettie@LSSALEAD.org.za

A. Applicant's details		
Surname:	Preferred name:	Title:
Full names:	ID number:	Race:
Postal address		Code
Employer:	Occupation:	
Tel no (w): ()	Cell no:	
E-mail address:		
Special dietary requirements (if any):	If disabled, nature of disability:	
Where did you hear about the course? <input type="checkbox"/> SMS <input type="checkbox"/> Word of mouth <input type="checkbox"/> Newspaper <input type="checkbox"/> Employer <input type="checkbox"/> E-mail <input type="checkbox"/> Other		
If other, please specify:		
B. Employer details (NB: Complete this section <u>only</u> if the delegate is being sponsored by his/her employer)		
Firm/company name:		
Contact person:	Contact person's e-mail:	
Tel: ()	Contact person's Job title:	
Postal/docex address:		Code
Do you need an invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "yes", please provide the employer's VAT number: _____		
I, _____ (name of the employer's authorised account signatory) hereby declare the above information to be correct. I accept full responsibility for fees payable to the Law Society of South Africa for the above-mentioned applicant.		NB Company Stamp
_____ Employer signature	_____ Date	
LEAD reserves the right to cancel a learning activity should the number of students not justify the costs involved. Registered students will be given reasonable notice of cancellation.		
Contact Bettie Lubbe at LEAD E-mail: bettie@LSSALEAD.org.za / Tel +27(0)12 441 4670 LEAD switchboard: Tel +27 (0)12 441 4600		

REGISTRATION FORM (CONTINUED) PAYMENT DETAILS: Misconduct

Surname and names of applicant:

C. Payment details

Payment by Electronic Funds Transfer (EFT): by employer by applicant Amount: R_____

Bank: First National Bank (FNB) **Account Holder:** Law Society of South Africa **Branch:** Pretoria

Branch code: 251445 **Account Number:** 62009641079 **Account Ref:** (Strikes

Surname, Initials)

Terms and conditions

Cancellation

1. A learner who wishes to cancel must do so at least 7 (seven) working days prior to the commencement of the course.
2. Cancellations must be done in writing and e-mailed to bettie@LSSALEAD.org.za or faxed to 086 743 1942.
3. Confirmation of the cancellation will be confirmed via e-mail. Should a learner not receive a cancellation confirmation from LEAD, it means that the cancellation request was not received. Learners should follow up ASAP to avoid being held liable for the full course amount.
4. Learners who do not cancel and fail to attend the training will be held responsible for the full course amount. The only exceptions are if the reasons for cancellation are one of the following:
 - Death of a close family member (death certificate should be submitted); or
 - severe medical condition which results in the participant no longer being able to continue with the course (medical certificate should be submitted).
5. LSSA/LEAD shall have the right in its sole discretion to postpone or cancel tuition in any programme initially advertised and offered on the basis of insufficient demand. Should the LSSA/LEAD cancel the proposed training, registered learners will be given reasonable notice of the cancellation and all fees paid by the learner will be refunded.

General declaration

1. I agree that having registered for the _____ course, I am liable for the full course fee.
2. I am familiar with the outcomes of the course specified above, and fully comprehend the specifics as explained in this document.
3. I acknowledge that payment needs to be made before attendance of the course.
4. I understand that the fees must be paid to the designated LSSA bank account. The LSSA will not accept liability if fees are paid into any other bank account.
5. I accept that a certificate will be issued only if I comply with the attendance and payment requirements.
6. I acknowledge that I have read and understand the above, and hereby, sign as proof.

I, hereby, agree to abide to all the above terms and conditions relating to the above.

Applicant's signature

Date