



## Level 1 Training - Booking Form

<p><b>Dates:</b> 15 - 19 August 2016</p> <p><b>Times:</b> (to be confirmed)</p> <p><b>Venue:</b> Eastern Cape (venue to be confirmed)</p>	<p><b>Training Agreement:</b> I/we agree to:</p> <ol style="list-style-type: none"> <li>Attend all the training sessions or be willing to refund any costs incurred if absent.</li> <li>Actively participate in the learning process.</li> </ol> <p><b>Signed by Trainee:</b> .....</p> <p><b>NGO Manager/ Coordinator/Reference:</b> .....</p> <p><b>Name of Organisation or Church:</b> .....</p> <p><b>Tel Number:</b> .....</p>
<p><b>Coordinators:</b> Philippi Trust</p> <p><b>Number:</b> 0741815488</p> <p><b>E-mail:</b> office@philippitrust.co.za</p>	<p><b>Participants should have training in or a working understanding of the following:</b></p> <ul style="list-style-type: none"> <li>HIV/Aids Awareness</li> <li>Basic Counselling skills</li> <li>Recognised leadership qualities</li> <li>Read and write in English</li> </ul> <p>Please note that once a place has been allocated to you, you will be expected to attend all five days. There are a limited number of places and non arrival or partial attendance means someone else is denied the opportunity. No refunds will be given.</p>
<p><b>BOOKING FORM:</b> I wish to attend the <b>Level 1 Counselling Course:</b></p> <p>Full Name.....</p> <p>Address.....</p> <p>.....</p> <p>Tel: .....</p> <p>Email.....</p>	<p><b>WHAT WILL BE PROVIDED:</b></p> <ul style="list-style-type: none"> <li>Course Manual</li> <li>Tea and biscuits</li> <li>Trainer/s</li> <li>Safe venue</li> <li>Project tools</li> </ul> <p><b>Learners are requested to:</b> Bring their own pens, pencils, paper Arrange transport to and from venue Bring own lunch</p>
<p><b>Cost:</b></p> <p>The cost of the course is R1600. A deposit of R600 together with the booking from, will secure your place on this course. The balance of the fees is due by the first day of the course or by prior arrangement with the convener. Please send a proof of payment if you pay by internet. This cost includes the lectures, manuals and certification. Tea and coffee with biscuits will be provided.</p>	
<p><b>Bank Details:</b>  <b>Bank Name:</b> ABSA  <b>Account Name:</b> Philippi Trust SA  <b>Type of Account:</b> Cheque Account  <b>Branch Name:</b> Somerset West  <b>Account Number:</b> 4052927369  <b>Branch Code:</b> 334712  <b>Reference:</b> (Student Name) Level 1</p> <p>Philippi Trust, P.O. Box 3880, Somerset West 7129  23, Bright Street, Somerset West  office@philippitrust.co.za  0741815488  #015-794NPO</p>	