



# FOCUS ON HEALTH

## APPLICATION FOR REGISTRATION 2018 DISPENSING COURSE FOR HEALTHCARE PROFESSIONALS

For Office Use Only:

ACC No

### Personal Information:

Title:	First name:	Initials:		
Surname:				
Professional Qualification:		Year Obtained:		
Profession: Specialist <input type="checkbox"/> General Practitioner <input type="checkbox"/> Qualified Nurse <input type="checkbox"/> Clinical trials <input type="checkbox"/>				
Any of the following qualifications obtained (Please attach proof of qualification)? Pharmacology / Pharmaceutics / Homeopathy / Drug supply management / Dispensing Practices				
ID No:	Professional Board No:			
Occupation:	Practice No:			
Tel No:	Fax No:			
Cell No:	E-mail:			
Physical address (for delivery of study material):				
		Postal Code:		
Postal Address:				
		Postal Code:		
I would like to do the course Online		YES		NO
Date of workshop you are attending:				
Please order the latest SAMF for me at an additional cost		YES		NO
Please order the latest MIMS for me at an additional cost		YES		NO

### Cancellation policy

Once you have been registered for the dispensing course and have received your username and password, the following applies:

#### Workshop

- Cancellation before study manuals have been printed and couriered – 70% of fee to be refunded
- Cancellation after study manuals have been printed and couriered – 40% of fee to be refunded
- Cancellation two weeks or longer before date of scheduled workshop – 20% of fee to be refunded
- Cancellation two weeks or less before scheduled workshop date – no refund

#### Online

- Cancellation before any online activity took place – 70% of fee to be refunded
- Cancellation after completion of 1 – 3 modules – 50% of fee to be refunded
- Cancellation after completion of more than 3 modules – no refund

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

Please email your application with supporting documents (ID and council registration for current year) to [safocus@iafrica.com](mailto:safocus@iafrica.com) or fax to 012 653 2073.

Medical information and services that work!

☎ 012 653 2394  
☎ 0866 144 200  
☎ 012 653 2073

✉ [safocus@iafrica.com](mailto:safocus@iafrica.com)  
✉ [fohaccounts@iafrica.com](mailto:fohaccounts@iafrica.com)  
🌐 [www.safocus.co.za](http://www.safocus.co.za)

✉ PO Box 71  
Wierda Park  
0149



## COSTS FOR DISPENSING WORKSHOP 2018

Medical information and services that work!

Costs includes the following;	Various venues
<ul style="list-style-type: none"> <li>• Administration of application</li> <li>• Registration of course</li> <li>• Study Material</li> <li>• Workshop confirmation</li> <li>• Registration on Online Management</li> <li>• Additional reading material</li> <li>• Examination Assessment</li> <li>• CPD Certificate</li> <li>• IAR Record</li> <li>• Air Travel (Facilitator)</li> <li>• Car Hire (Facilitator)</li> <li>• Accommodation (Facilitator)</li> </ul>	R9 167.00 – R9,967.00 <i>(Excl VAT)</i>
<b>SAMF</b> (Optional - But this reference source will be required during the course.)	R 750.00 <i>(Excl VAT)</i>
<b>MIMS</b> (Optional - But this reference source will be required during the course.)	R160.00 <i>(Excl VAT)</i>

### INVOICE DETAILS

Particulars of person/company liable for payment of dispensing course:

Initials & Surname OR	
Name of company	
Postal address	
Postal code	
VAT nr (if applicable)	
Contact person (Liable for account)	
Tel nr	
Ref nr on invoice (If applicable)	
Email address (Account purposes)	

Deposit can be made into the following account.

**Focus on Health (Pty) Ltd**  
**ABSA Acc No: 4058 437 431**  
**Branch Code: 336345**  
**Reference: MP/SANC-Number**

☎ 012 653 2394  
 📠 0866 144 200  
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✉ safocus@iafrica.com  
 ✉ fohaccounts@iafrica.com  
 🌐 www.safocus.co.za

✉ PO Box 71  
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