

Application Form

Basic 8 Week Paediatric Basic Course based on the Bobath/NDT Approach

Dates: **Please note new dates:**

13 August – 31 August 2018 (Block 1: 3 weeks)

1 October – 26 October 2018 (Block 2: 4 weeks)

Venue: Pretoria/Johannesburg- exact venues to be confirmed

Closing date for applications: 13 March 2018

After the closing date a selection process will take place and you will be notified by 30 March 2018 if your application was successful or not, and with further payment notifications.

Please provide us with the following details:

PERSONAL INFORMATION

Surname: _____ Name: _____

Postal Address: _____

Email address: _____

Work number: _____ Cell nr.: _____

Profession:

PT	<input type="checkbox"/>
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OT	<input type="checkbox"/>
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SLT	<input type="checkbox"/>
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 *HPCSA Registration nr.: _____

*If not working in RSA, name of the country where you are registered and relevant Health Professions Council name and your registration nr: _____

Year qualified: _____ *Training Institution: _____

Are you a member of SANDTA?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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 Membership nr.: _____

How long of have you been a paid-up SANDTA member? _____

*Professional insurance and liability cover:

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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Please indicate name and nr of your insurance: _____

Your name as you want it printed on the certificate: (Please print clearly) _____

EQUITY INFORMATION – Demographics

Please indicate your ethnicity:

Asian/Indian: Black/African: Coloured: White:

(Information assists SANDTA EdCom to redress backlogs in training of participants representing previously disadvantaged groups.)

CURRENT EMPLOYMENT

Clinic/Hospital: (ELSEN) School: Private Practice: Other:

If "other", explain: _____

Institution: _____ City/Town: _____

Province: _____ Country: _____

Setting (Tick all relevant): Rural Urban Community District

How long have you been treating children / young persons with cerebral palsy / other related neurological conditions? _____

Please specify "Other related neurological conditions": _____

Current position/job title, e.g. "Chief Therapist": _____

Date of appointment in present position: _____

Are you responsible for supervising and/or training other therapists? YES NO

If 'Yes', please explain: _____

CLINICAL EXPERIENCE

Please indicate the following information clearly and accurately:

1. Are you currently practicing: Full time Part time Number of hours/week: _____

2. Do you currently have children with CP on your case load? YES NO

3. If 'Yes', please indicate how many per month: _____

4. Do you have colleagues who are Bobath/NDT trained at your institution? YES NO

PREVIOUS SANDTA COURSES

1. Have you completed a SANDTA Introductory Course in RSA? YES NO
Year: _____ Venue: _____ Course Certificate nr.: _____ (if available)

2. Have you completed any other certified CP courses? YES NO
Year: _____ Venue/Country: _____

Course Title: _____

3. Have you previously applied for a basic course in RSA? YES NO

If 'Yes', please indicate:

Year(s): _____ Was on waiting list: YES NO UNSURE

Optional comment: _____

Briefly motivate why you want to attend this course: _____

Signature of Applicant

Date

All applicants are required to provide Certified Photocopies of the following documents:

Please check the following:

- Certificate of Qualification (Degree/Diploma Certificates)
- Proof of Registration with the HPCSA or Alternative Professional Council
- Proof of Temporary Registration with the HPCSA (Foreign Applicants)
- Proof of Professional Insurance and Liability Cover

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

*** Please note that applicants who are currently not registered with the Health Professions Council of South Africa/country of origin and do not supply certified copies of their qualification(s) (degree/diploma certificates) will not be eligible for the course**

Fee for SANDTA members: R 25 850.00

Fee for non-members and applicants from Africa: R28 435.00

Fee for applicants from outside of Africa: R31 279.00

PLEASE NOTE: All additional information that you need for the course, including **payment details**, will be sent to you once you have confirmed your acceptance of the place on the course.

Thank you for completing the application form. This information will only be used for purposes of participant selection onto the course, and will therefore be treated confidentially.

Please e-mail the completed form and electronic copies (pdf) of all required documents (certified copies) to: sandta@internext.co.za or Fax 086 275 2869 Enquiries: 051 436 8145