



# TRAINING REGISTRATION

## PLEASE NOTE:

All fields must be completed before registration /booking can be processed.  
Please complete a new Training Registration courses for each course required.

Client Details			
Customer Type	<input type="checkbox"/> Business	<input type="checkbox"/> Private	
Name / Company Name:			
Surname / VAT Reg. Number			
ID Number / Company Reg. No.			
Contact Details		Training Co-ordinator Contact	Invoice / Billing Contact
Name & Surname			
Department   Position			
Telephone / Mobile Number			
E – Mail Address			
Invoice Address			
Method of Payment	<input type="checkbox"/> Direct Deposit / EFT		<input type="checkbox"/> Credit Card
	<input type="checkbox"/> PO & EFT	Purchase Order No:	
Course Details			
Course Code   Description			
Course Number (if known)			
Type of Course	<input type="checkbox"/> Initial Training	<input type="checkbox"/> Refresher	<input type="checkbox"/> Blended / Online
Type of Training	<input type="checkbox"/> Public		<input type="checkbox"/> In-House/ Closed
Training Centre			
Preferred Course Dates	Start		End
Alternative Course Dates	Start		End
Number of Students	<i>If registration is for a group, please complete Page 2</i>		
Distribution of the e-Certificate	<input type="checkbox"/> Delegate / Employee		<input type="checkbox"/> Employer / Training Coordinator
	<input type="checkbox"/> Both Parties as above		
Marketing – Please complete it will help us!			
Where did you hear about us?	<input type="checkbox"/> Our Website	<input type="checkbox"/> Previous Dealings	<input type="checkbox"/> Google
	<input type="checkbox"/> Our Newsletter	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> _____
Would you like to receive our newsletter?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Acceptance of Quote and/ Terms and Conditions			
Quotation Number		Quotation Value	
1. I accept the quotation / training price that was forwarded to me/us and request a booking be made on behalf of myself/ the organisation I represent.			
2. I consent to my personal information contained in this document to be stored electronically by BLS Medical.			
3. I further state that I have read and accept the training terms and condition that are attached to this training registration form.			
Authorised Signature		Date	

PLEASE COMPLETE AND SCAN & E-MAIL TO [training@blsmedical.co.za](mailto:training@blsmedical.co.za)  
or FAX TO 086 674 6280



TRAINING REGISTRATION



# GROUP REGISTRATION

1. Will you require a copy of the daily attendance register? Yes  No

No	First Name	Surname	Mobile Number	E-Mail Address
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

GROUP REGISTRATION



## GENERAL TERMS & CONDITIONS

### INVOICES/ PURCHASE ORDERS AND PAYMENT

1. **All invoices are Due on Receipt:** unless other credit terms have been agreed to in writing (credit approved companies).
2. Please ensure that all payment remittances and purchase orders are e-mailed to [mail@blsmedical.co.za](mailto:mail@blsmedical.co.za) or faxed to 086 674 6280.
3. Should payment not be received and cleared by our bank or a purchase order be received after 72 hours of invoicing or registration, our cancellation process will be initiated.
4. All overdue invoices may be charged interest at the prime overdraft rate plus 2% as charged by BLS Medical bankers from time to time.

### JURISDICTION

5. The Signee agrees to the jurisdiction of the Magistrate's Court in terms of Section 45 of the Magistrates' Court Act 32 of 1944 for the recovery of any amount due in terms hereof and even if the amount claimed exceeds the jurisdictional limit of such Court

## TRAINING TERMS & CONDITIONS

### COURSE REGISTRATIONS

1. All Tentative or To-Be-Confirmed (TBC) dates for Closed/ Onsite Training will be held for **72 hours** after an enquiry, thereafter the dates will be made available again to other clients and availability will need to be re-confirmed.
2. Bookings can be made electronically by registering online via our website ([www.blsmedical.co.za](http://www.blsmedical.co.za)) or by completing a Training Registration Form and submitting the form by email to [training@blsmedical.co.za](mailto:training@blsmedical.co.za) or fax to 086 674 6280. **No manual booking will be processed without a completed Training Registration Form being received.**

### POSTPONEMENT OF THE COURSE/ CANCELLATION OF ATTENDANCE OR NON-ATTENDANCE

3. **Onsite/ Closed Courses:** Postponement of a course must be in writing and can be e-mailed to [training@blsmedical.co.za](mailto:training@blsmedical.co.za) or faxed to 086 674 6280. The date of postponement shall be the date received by BLS Medical. You will be **liable for all costs** incurred by BLS Medical in the preparation for the course, that BLS Medical can't recover such as trainer booking fees, deposits, venue hire and/ or catering costs. BLS Medical will attempt to accommodate you on new dates requested depended on our availability of our facilitators/ assessors and/ or moderators.
4. **Cancellation or Non-Attendance** by you or your delegate(s) will still be charged for. You are welcome to send a replacement(s) in your or their place.
5. **Late Arrival/ Absent:** Due to our course(s) being short in duration, if you or your delegate(s) arrive late for a course or are absent from any session, we reserve the right to refuse to accept you/ them for training or continuation of the training, if we feel you/ them will not gain sufficient knowledge or skill in the time remaining. In all cases, the full course fee remains payable. However, in specific circumstances we may move you onto the next available course to complete your training free of charge.

### POSTPONEMENTS / CANCELLATION BY BLS MEDICAL

6. BLS Medical reserves the right to cancel/ or reschedule a course.
7. In the unfortunate event that we do postpone or cancel a course you will be given as much notice as possible and the offer of a free transfer to another date, or a full refund of fees paid. BLS Medical cannot be held responsible for any financial loss that cancellations may incur.

### MEALS & REFRESHMENTS

8. **Public Courses:** Only tea & coffee is provided, delegates are responsible for their own meals.
9. **Closed/ Onsite Courses:** Clients to arrange refreshments/lunch at own cost, if training is conducted at the client's premises.

### COURSES AND ASSESSMENTS

10. All courses will be **facilitated in English**, therefore BLS Medical does not accept responsibility if the course participants do not read, write or understand English and consequently do not reach the course outcomes. **Interpreters can be arranged but will be charged for separately.**
11. Certain courses do have some entrance criteria and is indicated on the specific course information sheets or in the quote, it is the person who is making the registration responsibility to ensure that they or their group meet these criteria. BLS Medical cannot be held responsible should the delegate(s) fail the course as a result of not meeting the criteria.
12. The assessment criteria differ depending on the course being taken; this will be provided and explained to the delegate at the start of the course or you are welcome to contact our offices for the criteria beforehand.
13. Should the delegate not meet the assessment criteria, he or she is allowed one re-examination at a date, time and location as agreed upon in the post assessment feedback. There may however be additional travel and accommodation costs, where applicable.

### CERTIFICATES

14. After the assessments are conducted they need to go through our internal moderation processes, **this process can take up to ten (10) days.**
15. **NOTE: Certificates will only be processed and released once full payment has been received.**
16. All certificates are created as a **DIGITAL ORIGINAL** and stored in our online Webvault. You will be granted access to your personal or company certificates to print copies as and when required. For hard copies please contact our National Training Office on 087 236 6601 or [training@blsmedical.co.za](mailto:training@blsmedical.co.za).

## SALES TERMS & CONDITIONS

### COMMISSIONING OF EQUIPMENT

1. Third Party suppliers are responsible for the delivery, training, commissioning and support of equipment purchased.

### CLAIMS

2. No claims for damaged or missing parts will be considered unless the claim is received in writing within 7 days of the date of the invoice.

### RETURN OF GOODS FOR CREDIT

3. In accordance with the Consumer Protection Act 68 of 2008, the consumer has the right to cancel a transaction made without reason or penalty. The notice of your wish to cancel must be made in writing and within 5 (five) working days of the transaction being concluded.
4. All items correctly supplied are the customer's responsibility. Once the notice to cancel has been received, BLS Medical cc will refund the price of the purchase, less any costs charged by Credit Card companies, to the consumer within 15 working days of the return of the item (s) purchased in their original packaging.
5. Goods not in their original packaging and in a sellable condition will not be accepted back for credit.
6. Cost to return the item(s) to BLS Medical will be the responsibility of the client.

### OWNERSHIP

7. All goods supplied remain the property of BLS Medical cc until settled in full.

### WARRANTY

8. The goods supplied, unless otherwise stated, carry a one-year warranty against defective materials and workmanship, subject to the equipment being used in accordance with the manufacturer's instructions.