



Registration Form

Client Information

Name and Surname:	
Contact Number:	
Email Address:	
Registration Number:	
Professional Body (i.e. HPCSA)	
Course Name:	Introduction to Self-Care for the Helping Profession (4 CEU's)
Course Date and Times:	13 and 14 May at 18:00 – 20:00
Course Fee:	R 850

Signature

Date

Please complete all details on the form and together with the proof of payment return to academy@jaronconsultants.com

Banking Details:

Jaron Consultants PTY LTD
Investec Cheque Account
Account Number: 10013137725
Branch Code: 580105
Reference: Your Registration Number

The course will be presented on Google Meet and the link will be sent to the email address provided on this form. If you have any difficulty completing this form or have any queries, please do not hesitate to ask. Contact details are provided below.

 Claus Dittmer

 +27 82 385 7341

 academy@jaronconsultants.com

[CONTACT PERSON]

[PHONE NUMBER]

[EMAIL]