



APPLICATION FORM – 2018

COURSE NAME: DATE:

Applicant Name and Surname: VENUE:

ID/passport number: GENDER: I _ F _ I _ M _ I

Organisation: VAT NO:.....

Current Position:Years in this position.....

Years of Experience:Postal Address:

City:Postal code:

Office Tel:Fax:

Cell:E-mail:

Have you attended any IAJ courses before? Please specify.....

Where did you hear about this course

Special dietary requirements: (e.g. vegetarian/Halaal/Kosher).....

Details of Applicant’s Accounts Department

Full Name of Contact Person in the Accounts Department:

Tel:Cell:Fax:

Email Address:

ADMISSION CONDITIONS

Please observe deadlines with regard to confirmation, course fees and payment thereof. Ensure that this form is signed by your Editor/Manager. Please await receipt of a confirmation letter from the IAJ before making any travel/hotel arrangements as the IAJ will not be held liable for costs incurred as a result thereof.

Late applications will be accepted provided prior arrangements are made with Head of Department/Coordinator of the relevant department.

COURSE FEES - 2018

Course fees for 2018 are:

R2500.00 (excluding vat) per person per day if held at the Institute for the Advancement of Journalism (IAJ)
Above fees include costs of all tuition and course material, lunch and refreshments.

The full course fee must be paid six (6) working days prior to the date of commencement. Please use your name as a reference when making payment.

IMPORTANT: Course fees increase annually effective from the 1st January by 10%.

BANKING DETAILS

Account Name: Institute for the Advancement of Journalism
Bank: Standard Bank
Branch: Parktown
Branch Code: 00355
Account No.: 200827847
Type of Account: Current Account

Kindly fax proof of payment/deposit (with your Name, Course title & Date on your deposit slip) to: 011 482 1862

CANCELLATION

In the event of a cancellation the undersigned will be held liable to pay a cancellation fee of:

- 25% of total course fee if cancelled less than three (3) working days prior to the commencement of the course;
- 50% if cancelled within less than 48 hours; and
- 100% if failing to attend without written cancellation.

INDEMNITY

Please note that the IAJ cannot be held responsible for costs incurred by participants due to any injury, theft, accident, legal action and/or any other causes whatsoever arising from any activities whilst attending a course at the Institute. Please arrange your own travel and medical insurance and note that the signing of this form indemnifies the IAJ from any of the abovementioned claims whether on-site or on any field trips.

If the above application is accepted, the **applicant/manager/editor, abide by the aforesaid conditions and guarantee that the **applicant/manager/editor will pay the Institute the relevant course fee.

***Indicate whichever applicable*

Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Name of Manager/Editor: _____ Designation: _____

Signature of Manager/Editor: _____ Date: _____

IMPORTANT

1. Complete and fax your application.
2. Fax proof of payment/deposit slip, with your name, course title and date as your reference.

Fax numbers: (011) 482 8216 or 0866591395