



## TRAUMA TRAINING INSTITUTE

41 A Kingsmead Road, Borrowdale, Harare  
Tel: (0242) 886921-4 Ext: 183/170/175

### REGISTRATION FORM

PLEASE NOTE:

- Failure to submit this registration form at least two weeks prior to the training dates will result in the booking not being accepted.
- Full tuition fees are payable upfront with registration at least one week before the commencement date of the course.
- No part payment or instalments will be considered. Should the full course fee not be deposited within this period, your provisional booking will be deemed null and void.
- All fees must be paid by direct bank deposit or electronic fund transfer.
- Cash payments are accepted at the offices as well as Nostro swipe.
- No application form will be accepted and no bookings will be made unless proof of payment is attached thereto.
- All required documents must be attached to the registration form before it will be processed.

**SECTION A: PERSONAL INFORMATION**

Title: Prof/ Dr/ Sr / Mr /Mrs/ Ms/ Miss

Surname: .....

First name(s).....

Maiden (if applicable).....

Gender: Male/ Female:

Initials:.....

I.D Number.....

Other: ID/Passport Number:.....

Race: African/ Indian /Coloured /White /Other:.....

Employer/Hospital/Base: Employee Number: .....

Work address:.....

.....

Preferred postal address:.....

.....

Home contact no:.....

Mobile number: .....

E-Mail address:.....

***In Case of Emergency -:***

Contact Name: .....

Contact Number:.....

**SECTION B: COURSE INFORMATION**

Name of course: .....

Registration Number: (if applicable).....

Course start date: .....Course end date:.....

**Banking details**

Account Name: Trauma Training Institute

Bank: .....

Branch: .....

Account No: .....

**SECTION C: CANCELLATION OF REGISTRATION**

The following cancellation rules apply once a student has been accepted onto a course:

1. A student shall advise the Trauma Centre in writing of his/her intention to cancel this registration.
2. All registrations are for a complete course. No part cancellations will be accepted. The Faculty of Emergency and Critical Care does not take any responsibility for cancellations communicated verbally or not submitted to the program administration office.
3. A student who cancels his/her registration for a course will incur financial liability in terms of fees according to the cancellation rules specified below.
4. When a student has registered provisionally, or has any pending submission of outstanding documentation, the provisional registration will be cancelled. Therefore outstanding documents and/or fees not submitted/settled prior to course commencement, such students will be liable for payment of fees detailed below.

**Cancellation rules for courses:**

All registrations for the courses are subject to a non-refundable processing fee of USD..... on cancellation.

Date of Receipt of Notification of Course Cancellation .....

**SECTION D: DECLARATION AND UNDERTAKING**

1. All applicants and their sponsors (person responsible for payment) must complete and sign this section.
2. I understand that the Trauma Training Institute reserves the right to decline an application if the entry criteria is not met.
3. I understand that payment of the course fee does not automatically guarantee a course certificate when the course is completed.
4. I have familiarised myself with the nature of the course that I am applying for in terms of the course attendance, completion and assessment criteria.
5. I understand that Trauma Training Institute reserves the right to cancel a course for any particular reason (valid reason). A refund for the course fees paid to the Trauma Training Institute can be requested or I can request to be placed on the next available course.

Date: dd / mm / yyyy .....

Signature of Applicant:.....

**SECTION E: INDEMNITY AND WAIVER**

All applicants must complete and sign this section:

I,....., ID No. ....

(Provide Physical Address)  
.....

hereby indemnify the Trauma Centre Borrowdale, and Trauma Training Institute and its employees, representatives, instructors or agents against any claim or claims for compensation or damage, loss or injury, fatal or otherwise, however arising, including but not limited to any acts, omissions or default, sustained during the course of any of the theoretical, operational or practical aspects of the training exercises, caused directly or indirectly to me or my belongings/properties, which indemnity shall extend to my dependents, estate or any person, whomsoever, as well as against any damage which Trauma Training Institute or Trauma Centre Borrowdale, its instructors, servants, representatives or agents may suffer through any of my acts or omission however caused, and I hereby unconditionally waiver any right that I may have against the Trauma Training Institute or Trauma Centre Borrowdale, its principals, instructors, workers, representatives or agents to claim damages of whatsoever nature however caused. I accept that I will be undertaking any instruction, tasks or exercises at my own sole risk and peril.

I accept that this indemnity extends further to cover the reimbursement for all legal and other expenses that may be incurred by the Trauma Training Institute in examining, litigation, or settling any such claim.

This done and signed at..... on this the  
day..... of..... in the year .....and in the  
presence of the undersigned witnesses.

As witnesses:

1.(Sign here)..... (Provide name in print).....

2.(Sign here)..... (Provide name in print).....