

**PRIMARY PRACTICUM IN RATIONAL-EMOTIVE AND  
COGNITIVE-BEHAVIOUR THERAPY**

**CAPE TOWN** (*Venue to be announced by 19/12/2011*)

**1<sup>ST</sup> – 4<sup>th</sup> MARCH 2012**

**APPLICATION FORM**

*This application form together with proof of payment should be faxed to 021 558 7425  
or emailed to [cognitivetherapy@telkomsa.net](mailto:cognitivetherapy@telkomsa.net)*

*Please **ENSURE** that **ALL** information requested below is provided.*

<b>FIRST NAME</b>	
<b>LAST NAME</b>	
<b>HPCSA NR.</b> (For CE Credits)	
<b>E-MAIL ADDRESS</b>	
<b>POSTAL ADDRESS</b>	
<b>TELEPHONE NR.</b>	
<b>QUALIFICATIONS</b>	
<b>EXPERIENCE WITH CBT</b>	

**BANKING DETAILS:**

Account name: BS Drake, ABSA Bank  
Branch code: 632005  
Account number: 9196905157 (Savings Account)

**P.T.O FOR FEE STRUCTURE**

**FEES:**

**Early Registration** (*Closing strictly on the 15th November 2011*)

- R 7000 per person (Total payable by 15 December 2011)

- R 3500 deposit payable **STRICTLY** by 15th November 2011 to secure early registration fee.

**Late Registration** (*Closing strictly on the 1<sup>st</sup> of February 2012*)

- R 8500 per person (Total payable by 1st February 2012)

Please note that deposits are non-refundable. Delegates will however be entitled to a full refund in the highly unlikely event of the practicum being cancelled.

**PAYMENT METHOD:**

Please ensure that your full name and surname are reflected on your deposit slip

**BANKING DETAILS:**

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Branch code:       **632005**  
Account number:   **9196905157 (Savings Account)**