



2021

CONSULT|CPD FOR PSYCHOLOGISTS

REGISTRATION FORM 2021

Title: _____ First names: _____ Surname: _____

Please indicate your HPCSA registration category:

Counselling Clinical Educational Industrial Research Registered counsellor

Registration number (HPCSA): _____

How did you hear about the programme? _____

Medpages Postcard Social media Colleague

Postal address: _____ Code: _____

Tel (w): _____ Tel (h): _____ Cell: _____

Fax: _____ E-mail: _____

USERNAME AND LOGIN DETAILS WILL BE SENT TO THE REGISTERED EMAIL ADDRESS.

REGISTRATION FEES (including 15% VAT)



MODULES	CEU's	EXISTING CLIENTS <input type="checkbox"/> Early payment received on or before 31 March 2021	EXISTING CLIENTS <input type="checkbox"/> Late payment applicable from 1 April 2021	NEW CLIENTS <input type="checkbox"/> Early payment received on or before 31 March 2021	NEW CLIENTS <input type="checkbox"/> Late payment applicable from 1 April 2021	Indicate choice with an X
#1 General Psychology: online full course Module 1	30 (including 6 units for ethics)	R2 550.00	R3 650.00	R3 550.00	R4 650.00	
#2 Industrial Psychology: online full course Module 2	30 (including 6 units for ethics)	R2 550.00	R3 650.00	R3 550.00	R4 650.00	
#3 Top up option: General Psychology Module 3	18 (including 3 units for ethics)	R1 550.00	R2 450.00	R2 550.00	R3 450.00	
#4 Top up option: Industrial Psychology Module 4	18 (including 2 units for ethics)	R1 550.00	R2 450.00	R2 550.00	R3 450.00	
#5 Top up option: General Psychology: Live webinar 8x1.5 hour live webinars Module 5	12 (including 3 units for ethics)	R1 000.00	R1 500.00	R1 000.00	R1 500.00	

PAYMENTS

A secure online registration facility is available on the website at <http://www.consultcpd.co.za>

Direct payments:

Banking details:

Account holder: ConsultCPD | Bank: ABSA Bank | Branch code: 632005 | Account number: 407 128 5277

Please provide **your name and surname as reference** on the deposit slip.

REGISTRATION

Email the completed registration form together with your proof of payment to cpd@consultus.co.za

Please indicate your method of payment: EFT Deposit

LIABILITY: Your signature indicate that you have read and accepted the liability terms as stipulated on the ConsultCPD website

Signature _____ Date _____