

Echoing The Word



REGISTRATION FORM

NAME

SCHOOL\PARISH

POSTAL ADDRESS

TELEPHONE (H) (W).....(Cell)..... FAX

EMAIL (if available)

HIGHEST LEVEL OF EDUCATION

AREA OF TEACHING Underline the area of your teaching ministry:

Primary School RE / Secondary School RE / Parish, and fill in below which grade(s) you are teaching, OR if you are not presently teaching RE, why you wish to take this course.

Grade(s).....

I am not teaching RE presently, but would like to do this course

because.....

.....

PREVIOUS RE TRAINING

PREVIOUS RE TEACHING EXPERIENCE..... (Number of years)

COST The total course fee amounts to R800 (including the registration fee of R100). A R100 non-refundable deposit (or the full amount of R800) must be paid to the Catholic Schools Board, Standard Bank, Southdale Code 006405, Account number 201043262, before 27 January 2012. No cash or cheque will be accepted. Please note also that if the course fee is being paid wholly or in part by your school or parish, the signature of your sponsor is required below.

SIGNED..... DATE; SPONSOR.....DATE.....

PLEASE FILL IN AND WITH PROOF OF PAYMENT RETURN BEFORE 27 JANUARY TO:

Renée d'Oliveira, Catholic Schools Office Pretoria, Fax: 012 348 8280 or Email: rendol@netactive.co.za

FACILITATOR/PARTICIPANT