

Registration form 2026

- FPD undertakes to collect and process your personal information in accordance with the requirements of the Protection of Personal Information Act, 4 of 2013.
- Certain student information is required to enable FPD to report on student achievements to the authorities as required. We appreciate your assistance in ensuring that our records are complete.

COURSE NAME													
WORKSHOP DATE						PROVINCE							
TITLE		INITIALS		FIRST NAMES									
PREFERRED NAME								SURNAME					
GENDER					ETHNICITY					NATIONALITY			
ID NUMBER/PASSPORT NUMBER (Please attach a copy)													
CURRENT OCCUPATION													
PROFESSION													
ORGANISATION													
QUALIFICATION(S)													
WHAT PROFESSIONAL COUNCIL ARE YOU REGISTERED WITH?						PROFESSIONAL COUNCIL NUMBER							
IN WHICH ONE FUNCTIONAL AREA DO YOU SPEND MOST OF YOUR WORKING DAY?				☐ SALES/MARKETING		☐ RESEARCH		☐ MANAGEMENT					
				☐ EDUCATION		☐ CLINICAL		☐ ADMIN/SUPPORT					
SELECT THE ONE SECTOR THAT BEST DESCRIBES YOUR MAIN WORKPLACE				☐ NGO		☐ FBO (FAITH BASED)		☐ PRIVATE SECTOR		☐ PUBLIC SECTOR			
SELECT YOUR MAIN AREA OF WORK				☐ URBAN AREA		☐ RURAL AREA		☐ PERI-URBAN AREA					
				PROVINCE						DISTRICT			
CONTACT DETAILS		WORK						HOW DID YOU HEAR ABOUT THE COURSE?					
		HOME						☐ WORD OF MOUTH	☐ SAMA INSIDER	☐ E-MAIL	☐ FPD WORKSHOP		
		CELL						☐ JOURNAL	☐ X	☐ FACEBOOK	☐ LINKEDIN		
		E-MAIL						☐ FPD WEBSITE	☐ SMS	☐ CONFERENCE	☐ OTHER		
		ALTERNATIVE E-MAIL						☐ MAGAZINE ADVERTISEMENT	☐ WHATSAPP				
POSTAL ADDRESS													
		AREA					TOWN				CODE		
						COUNTRY							
PHYSICAL ADDRESS													
		AREA					TOWN				CODE		
						COUNTRY							
DO YOU HAVE ANY FORM OF DISABILITY?				☐ NO ☐ YES		IF YES, PLEASE SPECIFY:							
DO YOU NEED ANY SPECIFIC ADDITIONAL SUPPORT?				☐ NO ☐ YES		IF YES, PLEASE SPECIFY:							
AS REGISTERED STUDENT YOU ARE ELIGIBLE TO BE INCLUDED IN OUR ALUMNI MAILING LIST FOR UPDATES AND/OR INFORMATION ON NEW COURSES. WOULD YOU LIKE TO SUBSCRIBE?								☐ YES ☐ NO					
DURING YOUR COURSE YOU MAY NEED TO BE INVITED TO GROUP SESSIONS. PLEASE CONSENT TO FPD INCLUDING YOUR EMAIL ADDRESS ON INVITATIONS?								☐ YES ☐ NO					
FPD AT TIMES USES WHATSAPP GROUPS TO ALLOW STUDENTS TO COMMUNICATE WITH EACH OTHER, FACULTY AND FPD STAFF ON COURSE SPECIFIC MATTERS. PLEASE CONSENT TO FPD INCLUDING YOU ON A COURSE SPECIFIC WHATSAPP GROUP?								☐ YES ☐ NO					

DATE: _____

SIGNATURE/INITIALS _____