



# OFTALMOLOGIESE VERENIGING VAN SUID OPHTHALMOLOGICAL SOCIETY OF SOUTH AFRICA

Pretoria Eye Institute / Pretoria Ooginstituut  
Francis Baard Street 630 Francis Baard Straat  
Arcadia

P O Box / Posbus 56184  
Arcadia, 0007  
Tel: (012) 427-0238  
e-mail: diandra@eyeinstitute.co.za

## OPHTHALMIC ASSISTANT'S COURSE REGISTRATION FORM

### A. APPLICANT

\* Complete in **PRINT** ***PLEASE NOTE: THIS NAME WILL BE USED ON YOUR CERTIFICATE***

Surname													Mr		Ms			
Full Names																		
ID Nr / Passport																Nationality		
P O Box																		
Suburb																		
City / Town																		
Province													Code					
Contact details	Cell											Work						
E-mail address																		
<b>Course:</b> (Tick ✓ appropriate box)																		
Level 1 (Basic)				Level 2 (Advanced) <i><b>Only if successfully completed Level 1</b></i>														
Language Preference of study guide	Afrikaans												English					

### B. OPHTHALMOLOGIST

\* Information of ***participating*** Ophthalmologist.

Surname																		
Initials																		
Name of Practice																		
P O Box																		
Suburb																		
City/Town																		
Province													Code					
Contact details during office hours																		
E-mail address																		
Communication in	Afrikaans												English					

**C. DISPATCH OF STUDY MATERIAL (POSTNET-COURIER)**

\* Please provide details of recipient of parcel. *Please ensure to put a PostNet address down and **NOT** a personal address.* Recipient will be able to collect parcel from nearest PostNet.

Surname			
Initials			
Contact details	Cell		Work
Address of nearest Postnet			

**D. STUDENT COMMUNICATION DETAILS**

\* **Only** for all **Tutorial Letters** and **Assignment Purposes**.

E-mail address																			
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**E. OPHTHALMOLOGIST COMMUNICATION DETAILS**

\* For **confidential use** – examination papers. **ONLY the Ophthalmologist may have access to this email address.**

E-mail address																			
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**F. CONTACT DETAILS – COURSE ADMINISTRATORS**

Diandra Pretorius P O Box 56184 ARCADIA <b>PRETORIA</b> 0007	<b><u>BANKING DETAILS</u></b> Bank: Standard Bank Branch: 012345 Account: OVSA / OSSA Business account Type: Cheque account Account nr.: 012791962 <b>Reference: Name of student &amp; OA1 or OA2</b> (Depending on the course the student is enrolling for)
E-mail address: <a href="mailto:diandra@eyeinstitute.co.za">diandra@eyeinstitute.co.za</a>	
Tel Nr.: (012) 427-0238	

**G. PLEASE NOTE!!**

- Examination dates are set in advance and will be communicated closer to the time via a tutorial letter. Plan according to the set date. **No** student will be granted extension of the examination date.
- **No** refunds will be made once study material has been dispatched.
- Students can't appoint a replacement if he/she decides to discontinue the course. The individual who signed up upon registration must complete the course **or** terminate.
- I acknowledge and understand the points above.

Tick ✓ the block to confirm agreement of Terms and Conditions.

	Signature: _____
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**ONLY FOR OFFICE USE**

Application Form Compliance	<input type="checkbox"/>	<b><u>Study material:</u></b>	Afr	Eng
Proof of payment received	<input type="checkbox"/>		Level 1	
		Level 2	Afr	Eng