

Registration Form: 'Walking with Wounded Children' – 20th January – 1st February 2019

Surname:			Title: Choose X Prof / Dr / Mr /Me /Miss
First Names (Write in full)			
First name usually used		ID or Passport no:	
Date of Birth:	Year:	Month:	Day:
Language:	Home:	Other:	
Postal Address	P.O. Box:		
	Town/City:	Postal Code:	
	Country:		
Physical Address	Street Address:		
	Town/City:	Postal Code:	
	Country:		
Phone numbers:	Home:	Work:	
	Fax:	Cell No:	
E-Mail:			
Profession/Occupation:			
Former training:			
Training in children's ministry (give details):			
Present involvement with children (give details):			
Former training in counselling/psychology (give details):			

How will you use what you learn in this course, in the next few years?			
Means of Payment	Cash		Electronic/Bank transferral
	Cheque		Petra Institute, ABSA Bank, White River, Branch code: 334 452, Cheque account no: 1370 140 525
Signature:			Date:

Email (edinhira@petra.co.za) application form & proof of payment