



# OFTALMOLOGIESE VERENIGING VAN SUID-AFRIKA OPHTHALMOLOGICAL SOCIETY OF SOUTH AFRICA

Pretoria Eye Institute / Pretoria Ooginstituut  
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Arcadia

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Arcadia, 0007  
Tel: (012) 427-0238  
e-mail: diandra@eyeinstitute.co.za

## OPHTHALMIC ASSISTANT'S COURSE REGISTRATION FORM

### A. APPLICANT

\* Complete in **PRINT**

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)	<b>Only if successfully completed Level 1</b>													
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.

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.

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: \_\_\_\_\_

<b><u>ONLY FOR OFFICE USE</u></b>					
Application Form Compliance	<input type="checkbox"/>	<b><u>Study material:</u></b> Level 1	<table border="1"><tr><td>Afr</td><td>Eng</td></tr></table>	Afr	Eng
Afr	Eng				
Proof of payment received	<input type="checkbox"/>	Level 2	<table border="1"><tr><td>Afr</td><td>Eng</td></tr></table>	Afr	Eng
Afr	Eng				