



SERENE HEALTH
ADVANCED HEALTHCARE SOLUTIONS



Vita Nova

Humanitas Counselling Course

Enrollment Form

Applicant Information

Full Name: _____ Date: _____
Full Names Last Name

ID Number: _____ Gender _____ Age: _____

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email _____

Age: _____ Gender _____

Course Enrollment

Registering for: (Mark with X)

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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How did you hear about the Humanitas Counselling Course?

Payment Details

Deposit of R4999 required upon registration. 2 equal installments of R5000 will be required for the remaining 2 months, payable before the 7th of each month.

Banking details:

Account Type: **ABSA Savings**

Account Number: **907 499 5890**

Reference: **H+Name+Course Month**
(example: H-James-Feb)

Email application form and proof of payment to
anri@vitanova.co.za

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that full payment of the course fees will be required in order to receive my certificate of completion and my report from the clinical psychologist.

Signature: _____ Date: _____