



# The Ububele Educational and Psychotherapy Trust

1,10th Road, Kew, Johannesburg  
P O Box 425, Highlands North 2037, South Africa  
Tel: +27 11 786 5085 Fax: +27 11 887 2724  
E-mail: info@ububele.org Website: www.ububele.org  
Registered Trust (IT4688/00)  
Non-profit Organisation (010-472NPO); Public Benefit Organisation (930002474)



## WORKING WITH GROUPS REGISTRATION FORM

**SURNAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**FIRST NAMES:** \_\_\_\_\_ **AGE** \_\_\_\_\_ **ID NO:** \_\_\_\_\_

**RESIDENTIAL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **CODE:** \_\_\_\_\_

**HOME TEL:** \_\_\_\_\_ **WORK TEL:** \_\_\_\_\_

**CELL:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**POSTAL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **CODE** \_\_\_\_\_

**Name of organisation where you are working if applicable:**

\_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ -

**The course has a number of specialised sessions. Please tick your interest group:**

- Mental Health: psychologist, social/auxiliary worker, psychiatric personnel, lay counsellor, occupational therapist:
- Human resource personnel/manager:
- Community based worker:
- Educator:
- Faith-based member/leader:
- Other, please state: \_\_\_\_\_

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**Patrons:** Mr Denis Goldberg; Ms Bongzi Dhlomo-Mautloa

**Trustees:** Mr Zwelakhe Mankazana (Chair); Mr Tony Hamburger; Ms Thabisile Levin;  
Ms Latiefa Mobara; Mr Charles Nupen; Ms Hannah Yilma

**All donations are tax deductible**



Please note that WWG requires a lot of your time and it is important that when you apply for the course you consider your other training, work or family commitments.

**BANK DETAILS FOR DIRECT DEPOSIT or EFT**

The full course fee is **R8700** (excl. VAT), and a deposit of R2 500 is due on registration to secure your place. Please use your **surname plus WWG** as the reference and send proof of payment to [info@ububele.org](mailto:info@ububele.org) or [oscarina@ububele.org](mailto:oscarina@ububele.org)

**NAME OF BANK:** FIRST NATIONAL BANK  
**NAME OF ACCOUNT:** THE UBUBELE EDUCATIONAL AND PSYCHOTHRAPY TRUST  
**NAME OF BRANCH** SANDTON  
**BRANCH CODE:** 261251  
**ACCOUNT NO:** 623 1682 0621  
**REF NO:** Surname and WWG 2018

**LETTER OF UNDERTAKING**

I \_\_\_\_\_ agree that I will pay my fees for the **Working with Groups Course** in advance as specified. I understand that if I default with my payment at any time, I may forfeit the right to further attend the above mentioned course. I also understand that I am responsible for the entire course fee, irrespective of the source of funding, even if I should leave the course before completion.

SIGNED \_\_\_\_\_ AT \_\_\_\_\_

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

**CONFIDENTIALITY CLAUSE**

*Because this Course best achieves its objectives by encouraging frank, honest and personal involvement, it becomes absolutely necessary for there to be a spirit and atmosphere of trust. This is best achieved if the participants treat what happens in, on and around the Course as strictly and uncompromisingly confidential. This requires all of us not to talk about the personalities or communications made by anyone. We need to retain what happens during the Course private and to respect each other's right to this confidentiality. We ask this in the best interests of all of us so we can gain the maximum emotionally and cognitively from the course.*

SIGNED \_\_\_\_\_ AT \_\_\_\_\_

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

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