

South African Certified Lactation



Consultant Course Registration Form



In order to register the applicant must submit the following:

- Certified copy of identification document
- Biographical Essay (see instructions to follow)

Applicant Information –

Surname : _____

Title : _____

First Name/s : _____

Gender : _____

Home language : _____

Date of birth : _____

Identity number : _____

Postal address : _____

Physical address : _____

Tel work : () _____

Tel home : () _____

Cellular : _____

Email : _____

Fax : _____

Working History

Where have you worked for the past three years?

Current employer : _____

Professional qualifications / working experience :

Biographical Essay :

In order to enhance each applicant's learning process and enrich their learning experience each applicant is requested to write a short essay about themselves. Please include the following information :

- Describe yourself and your interests
- Outline any professional / working experience which you might have
- Explain why you have chosen to do the Certificate in Lactation Consultancy
- State your goals for this course
- Describe the unique qualities you will bring to this program
- Explain what you intend to do when the course is finished

Please keep the essay to 1 – 2 pages. Thank you.

Declaration

I declare that all the particulars furnished by me on this registration form are correct. .

Signature of applicant :

Date :

Return to

SACLC

Box 13215

Dowerglen Ext 7

1612

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