

ARE HOSTING TRAINING SESSIONS

| Legal Liability (Occupational Health & Safety Act AND Mine Health & Safety Act) | Incident Investigation | Practical Legal Risk Assessment |
|--|--|--|
| <p>4 June 2019 Horse Shoe Inn, Kimberley</p> <p>5 June 2019 Dalrene Lodge, Wolmaransstad</p> <p>RSVP: 24 May 2019</p> <p>Costs per person:</p> <p>SADPO members*: R550.00 Non-Members: R1 100.00 Compulsory training material per person: R250.00</p> <p>Optional: LexisNexis Mine Health & Safety Act 14th edition Book: R210.00 per person</p> | <p>2 July 2019 Horse Shoe Inn, Kimberley</p> <p>3 July 2019 Dalrene Lodge, Wolmaransstad</p> <p>RSVP: 24 June 2019</p> <p>Costs per person:</p> <p>SADPO members*: R550.00 Non-Members: R1 100.00 Compulsory training material per person: R65.00</p> | <p>3 September 2019 Horse Shoe Inn, Kimberley</p> <p>4 September 2019 Dalrene Lodge, Wolmaransstad</p> <p>RSVP: 23 August 2019</p> <p>Costs per person:</p> <p>SADPO members*: R550.00 Non-Members: R1 100.00 Compulsory training material per person: R45.00</p> |

*SADPO membership number serves as proof of membership

All sessions start at 08:00 and end at 16:00 (which included a lunch break – refreshments will be provided)

Each person will receive a certificate for completion of training, which are recognised by DMR.

Please note that no late registrations will be accepted.

REGISTRATION FORM

LEGAL LIABILITY



RSVP: 24 MAY 2019

**4 JUNE 2019 (KIMBERLEY)
5 JUNE 2019 (WOLMARANSSTAD)**

**VENUE: HORSE SHOE INN
VENUE: DALRENE LODGE**

Please complete and email this form to info@sadpo.co.za or fax to 086 663 5737 or call 071 8899 850 for assistance

| | | | |
|--------------------------------|--|-----------------|--|
| Company Organisation / | | Company VAT no: | |
| Company Address | | Fax: | |
| | | Postal Code | |
| | | Date: | |
| Person responsible for invoice | | Designation | |
| Email address | | Signature | |
| Contact number | | | |

SADPO Membership no: _____

DELEGATE ATTENDANCE INFORMATION:

| Title | Full Name & Surname | Identity number | Email |
|-------|---------------------|-----------------|-------|
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COSTS:

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|---|----------------------|
| <ul style="list-style-type: none"> SADPO Members: R550.00 p.p Non-Members: R1 100.00 p.p Training Material: R250.00 p.p Optional: LexisNexis Mine Health & Safety Act 14th edition Book: R210.00 p.p | <u>TOTAL:</u> |
|---|----------------------|

BANKING DETAILS:

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|----------------|----------------------------|--|
| Bank | ABSA | PAYMENT BY MEANS OF A BANK TRANSFER Please state your Company's name clearly on the money transfer. Proof of payment must be sent to info@sadpo.co.za |
| Account name | SADPO | |
| Account number | 404 854 654 7 | |
| Branch name | Christiana | |
| Branch code | 334 138 or 632 005 | |
| Reference | Training/Your Company Name | |

REGISTRATION FORM

INCIDENT INVESTIGATION



RSVP: 24 JUNE 2019

2 JULY 2019 (KIMBERLEY)
3 JULY 2019 (WOLMARANSSTAD)

VENUE: HORSE SHOE INN
VENUE: DALRENE LODGE

Please complete and email this form to info@sadpo.co.za or fax to 086 663 5737 or call 071 8899 850 for assistance

| | | | |
|--------------------------------|--|-----------------|--|
| Company Organisation / | | Company VAT no: | |
| Company Address | | Fax: | |
| | | Postal Code | |
| | | Date: | |
| Person responsible for invoice | | Designation | |
| Email address | | Signature | |
| Contact number | | | |

SADPO Membership no: _____

DELEGATE ATTENDANCE INFORMATION:

| Title | Full Name & Surname | Identity number | Email |
|-------|---------------------|-----------------|-------|
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COSTS:

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|---|----------------------|
| <ul style="list-style-type: none"> SADPO Members: R550.00 p.p Non-Members: R1 100.00 p.p Training Material: R65.00 p.p | <u>TOTAL:</u> |
|---|----------------------|

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| Account number | 404 854 654 7 | |
| Branch name | Christiana | |
| Branch code | 334 138 or 632 005 | |
| Reference | Training/Your Company Name | |

REGISTRATION FORM

PRACTICAL LEGAL RISK

ASSESSMENT



RSVP: 23 AUGUST 2019

3 SEPTEMBER 2019 (KIMBERLEY) VENUE: HORSE SHOE INN
4 SEPTEMBER 2019 (WOLMARANSSTAD) VENUE: DALRENE LODGE

Please complete and email this form to info@sadpo.co.za or fax to 086 663 5737 or call 071 8899 850 for assistance

| | | | |
|--------------------------------|--|-----------------|--|
| Company Organisation / | | Company VAT no: | |
| Company Address | | Fax: | |
| | | Postal Code | |
| | | Date: | |
| Person responsible for invoice | | Designation | |
| Email address | | Signature | |
| Contact number | | | |

SADPO Membership no: _____

DELEGATE ATTENDANCE INFORMATION:

| Title | Full Name & Surname | Identity number | Email |
|-------|---------------------|-----------------|-------|
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COSTS:

| | |
|---|----------------------|
| <ul style="list-style-type: none"> SADPO Members: R550.00 p.p Non-Members: R1 100.00 p.p Training Material: R45.00 p.p | <u>TOTAL:</u> |
|---|----------------------|

BANKING DETAILS:

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|----------------|----------------------------|--|
| Bank | ABSA | PAYMENT BY MEANS OF A BANK TRANSFER Please state your Company's name clearly on the money transfer. Proof of payment must be sent to info@sadpo.co.za |
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