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| **Scientific Writing Skills via ULWAZI** |
| ***Please complete form and return to: courses.health@wits.ac.za*** |
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| Are you : |   |   |   |   |  |
|  | Wits Staff | Wits Joint Staff | Wits Student | Other |  |
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| Which Faculty; School; Department; Division; Company are you from: |   |
|  |  |  |  |  |  |
| If Student, which Higher Degree are you registered for: |   |   |   |   |   |
|  | PhD | Masters | MMed | MDent | MPh |
|  |  |  |  |  |  |
| Date of booking (DD/MM/YYYY):  |   |
|  |  |  |  |  |  |
| ***Participant details - Please write in CAPS (Please note the below information will be captured on your attendance letter)*** |
|  |  |  |  |  |  |
| Staff/Student No: |   |
| Title (Dr, Miss, Mr, Mrs. etc): |   |
| First Name: |   |
| Surname: |   |
| Contact number: |   |
| Email address: |   |

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| **Fee:** |
| Free for Wits Faculty of Health Sciences Staff; Wits Joint Staff; and Students - **Wits Joint Staff consist of (Wits Health Consortium, NHLS, NICD, RMPRU, MRC)** |