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| **Scientific Writing Skills via ULWAZI** | | | | | |
| ***Please complete form and return to: courses.health@wits.ac.za*** | | | | | |
|  |  |  |  |  |  |
| Are you : |  |  |  |  |  |
|  | Wits Staff | Wits Joint Staff | Wits Student | Other |  |
|  |  |  |  |  |  |
| 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)** | |