
INTEREST IN SADCAS TRAINING SERVICES

If interested in SADCAS training services please complete this form and return to:

Southern African Development Community Accreditation Service (SADCAS)
Attention: Mr. Mogae Molaoa – Training Administrator

Postal Address

Private Bag 00320
Gaborone
Botswana
Tel: +267 313 2909/ 313 2910
Fax: +267 313 2922
Email: mmolaoa@sadcas.org

Physical Address

Plot 50369
Unit 3A Second Floor
Tholo Office Park, Fairgrounds
Gaborone
Botswana

Please complete **All** applicable sections of the form in **CLEAR PRINT** or in type.

APPLICANT INFORMATION

Title (Mr/Ms/Dr/Prof etc.): _____

First Name(s): _____ Surname: _____

Position: _____

Telephone: _____ Mobile: _____

Fax: _____ Email: _____

COMPANY DETAILS:

Company Name: _____

Nature of Business: _____

VAT Registration No: _____

Postal Address: _____

Physical Address: _____

Telephone: _____ Mobile: _____

Fax: _____ Email: _____

COURSE DETAILS

Course title *[please tick (✓) as appropriate]*

- 5-day ISO 15189 Requirements and Internal Auditing for Medical Laboratories
- 5-day ISO/IEC 17020 Requirements and Internal Auditing for Inspection Bodies
- 5-day ISO/IEC 17021 Requirements and Internal Auditing for Certification Bodies
- 5-day ISO/IEC 17025 Requirements and Internal Auditing for Calibration/Testing Laboratories
- 3-day ISO/IEC 17025 Internal Auditing
- Other accreditation related courses

If other, please specify

Nature of Course *[please tick (✓) as appropriate]*: In-house Open

IN-HOUSE COURSE

Note: A quotation for an in-house course presented at client’s premises will be provided.

Preferred dates of course:
[indicate 3 alternative dates] _____

Proposed venue of course:

Venue: _____

City: _____

Country: _____

No. of Delegates: _____

OPEN COURSE

Preferred dates of course: _____

City: _____

Country: _____

No. of Delegates: _____