



*Committed to caring*

Private Nurse Practitioner  
Practice Number: 088 000 0044 954

**Sr. F.A. Bruwer**

BCur (PRET), Cert. Wound Care (UOVS)  
Cert. Wound Care University of Hertfordshire  
IIWCC (University of Toronto, Canada)  
**Practice No.: 088 000 0044 954**

Life Roseacres Wound Clinic, West Wing, Room 5  
Cnr St Joseph & Castor Road, Symhurst  
Tel.: 011 822 8508 / Fax.: 086 685 8353  
e-mail: [febeab@mweb.co.za](mailto:febeab@mweb.co.za)  
Web: [www.woundclinic.co.za](http://www.woundclinic.co.za)

**CANCELLATION POLICY / WOUND CARE COURSES**

1. A deposit of R2000.00 (two thousand rand) is due at registration for the course.
2. Balance payable 3 (three) weeks prior to course date.
3. Cancellations are only accepted in writing and the following cancellation fee are applicable:
  - Cancellation received 15 calendar days or less prior to the event/course – 100% of paid amount will be forfeited.
4. Please ensure that proof of payment is received in time either via fax on 086 685 8653 or e-mail to [febe@woundclinic.co.za](mailto:febe@woundclinic.co.za).
5. Sr FA Bruwer reserves the right to cancel or reschedule any course due to, but not limited to:
  - insufficient number of attendees for a specific date, in which case delegates will be notified at least 3 (three) working days prior to the start of the course, or;
  - unforeseen circumstances, in which case delegates will be notified as soon as possible.
6. Delegate substitutions are allowed, however, any substitute delegate must comply with the prerequisites of the course being attended.
7. By completing the registration form, the client agrees to have read and understood the specified terms and conditions contained here-in.
8. Sr FA Bruwer reserves the right to amend course fees and schedules of future courses at her discretion and without notice.

**SIGNATURE:** .....

**FULL NAME:** .....

**DATE:** .....

OWNER: FA BRUWER