

## PROFESSIONAL BOARD FOR SPEECH LANGUAGE AND HEARING

## APPLICATION BY A THIRD PARTY TO USE, DISSEMINATE THE PROFESSIONAL BOARD INFORMATION PUBLICLY

## FORM 001 SLH

Please use block letters and return to: The Registrar, P O Box 205, Pretoria, 0001

553 Madiba Street, Arcadia, Pretoria

Attention: Professional Board Speech Language and Hearing

SECTION A: NB. The form to be completed in full	
Personal Information / Company Information	
I, (Dr, Prof, Mr, Miss, Mrs), Name and Surname,	,
Identity Number, HPCSA registration (if available)	
Company Registration Name and Number	
Postal Address:	
	Postal Code:
Physical Address:	
	Postal Code:
Telephone number: Fax Number:	
Email address:	<del></del>
SECTION B:	
List of supporting documents required (whichever is applicable):  i. Attach a copy of the presentation to be made	
SECTION C:	
Motivation to use board information publicly	
Type of board information required for public use:	

To whom:						
Date required:						
How does the presentation/document benefit the Board or the intended audience?						
Reasons for requesting the board information (specify):						

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What feedback will be provided to the Board following the use of the information?						
-						
Applicants signature						
Date:						
For office use only  Received by: (Secretariat details, Signature and date):  Submitted to Board/Committee and date:				nittee and date:		
Details	Signature	201./		Board/Commit	tee	Date submitted for consideration:
Submitted to the	Applicant:				1	1
Name of sender			Signature		Date of tra	ansmission