

## APPLICATION TO USE, DISCLOSE AND DISSEMINATE PROFESSIONAL BOARD DATA PUBLICLY

## PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION

## FORM 001 DNB

Please use block letters and return to: The Registrar, P O Box 205, Pretoria, 0001 553 Madiba Street, Arcadia, Pretoria

Attention: Professional Board Dietetics and Nutrition					
SECTION A 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:					
SECTION B					
List of supporting documents required (whichever is applicable):  i. Attach a copy of the presentation to be made;  ii. Attach a copy of document to be produced;					
SECTION C					
Type of Board data required for public use:					
Topic/Title of Event:					
Date of Event:					
To whom: (Audience)					

Date required:						
How does the presentation/document benefit the Board?						
How is the data relevant to the intended audience:						
Reasons for requesting the Board data (specify):						

What feedback will be provided to the Board following the engagement with respect to using the Board data?							
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Applicants signature		• • • • • • • • • • • • • • • • • • • •					
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Submitted to the Applicant:							
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