



# LIMPOPO

PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

The Release Form applies  
for all forms of capacity  
building for individual  
arrangements by DPW or  
any other Institution

## DEPARTMENT OF PUBLIC WORKS

(TE 001)

### CAPACITY BUILDING RELEASE CONFIRMATION FORM

#### A: CAPACITY BUILDING INFORMATION:

Name of Course/ workshop/ Seminar/ Conference: .....

Arranged by(Indicate Institution): .....Date (s) .....

#### B: ATTENDEE'S PERSONAL INFORMATION

Persal no: ..... ID no. ....

Surname: ..... Initials: .....

Full Name(s): .....

Gender		Race				Age			People with Disability	
M	F	A	C	I	W	Below 35 years	35 TO 55 years	Above 55 years	Yes	No

#### C: EMPLOYMENT INFORMATION

Occupation/ Rank .....Salary Level.....

Workstation.....

#### D: CONTACT DETAILS

Tel/ Cell: .....Email address.....

#### E: FINANCIAL IMPLICATION

Registration fees: Amount: R ..... Accommodation: (Yes/ No)

Transport: (Yes / No)

#### F: ATTENDEE'S CONFIRMATION

.....

Attendee's Signature

Date

#### G: SUPERVISOR CONFIRMATION AND AUTHORIZATION

Surname & Initials: .....

Occupation Classification/Rank .....Salary Level.....

.....

Supervisor/ Program Manager Signature

Date

#### Terms and conditions:

Registration form must be completed for each official before attendance of course/workshop/seminar/conference etc.

Attendance of the course must be authorized by the supervisor or program manager.

Supervisor or Program manager must ensure that delegates attend and complete the course. Accommodation provided should be fully utilized by all officials e.g. checking in on Sundays if arranged by the department.

Officials who do not complete the course will be liable for payment of both conference facilities and course registration fee.

Completion of PoE and any other assignment that's part of the course is mandatory and must be submitted as stipulated after the course.

#### Substitute conditions:

Delegates may be substituted prior to the start of the course/workshop/seminar/conference. Head Office must be notified in writing and a new form needs to be completed.



# LIMPOPO

PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

The Request Form only  
applies to workshops/  
seminars/ sessions /  
conference arranged and  
coordinated by Programs

## DEPARTMENT OF PUBLIC WORKS

(TE 002)

### CAPACITY BUILDING REQUEST AND CONFIRMATION FORM

ENQ: .....

DATE: .....

#### A: SECTIONS INFORMATION

DIRECTORATE: .....

#### B: WORKSHOP SESSION INFORMATION

Name of Workshop/Seminar/Conference .....

Date (s) ..... Venue: .....

Purpose: .....

#### C: DELEGATES INFORMATION

No of delegate: .....

Surname & Initials of attendees	Rank/ Occupation	Directorate /Sub-Directorate

#### D: FINANCIAL IMPLICATION:

.....  
.....  
.....

PROGRAMME MANAGER

DATE

SENIOR MANAGER HRD

DATE