



NADA South Africa

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www.acudetox.org.za – info@acudetox.org.za

Registrations : registration@acudetox.org.za

PRACTITIONER APPLICATION FORM

Name of student : _____

Physical address : _____

Suburb : _____

City : _____

Province : _____

Postal code : _____

Work telephone : _____

Home telephone : _____

Mobile number : _____

Identity number : _____

Your business name that
You intend trading under : _____

Other qualifications : _____
: _____
: _____
: _____

NADA S.A. trainer : _____

Date of final exam : _____

Examiner : _____

I hereby state that I fully understand that I will lose my membership with NADA SA and be permanently expelled if

I advertise my Acudetox rates. This includes offering special discounts or bulk treatment discount packages.

However, I am permitted to reduce my rate per session as privately discussed between the client and myself.

Signed at _____ on the ____ day of _____ 20__.

Signature : _____

[OFFICE USE ONLY]

Ethics pledge signed & received on / date : _____