

We are pleased to announce that the RMI will be presenting an on-line seminar entitled -

## **DISMISSAL FOR OPERATIONAL REASONS AND INCAPACITY**

- When: 05 May 2021
- Time: 09h00 (approx 3 to 4 hours)
- Platform: Microsoft Teams
- Cost: See registration form below
- Presenter: Eckhardt Oelofse

Some of the topics of discussion will be:-

- What are Operational Requirements
- Dismissal due to Operational Requirements (Sect 189)
- Dismissal due to Operational Requirements (Sect 189A)
- Sect 189 & Sect 189A procedure
- Sect 189 vs Sect 189A
- Incapacity due to Poor Work Performance
- Incapacity due to Ill Health
- Schedule 8 – Items 10 & 11

- ✓ You are invited to secure your attendance by **completing the registration form below**.
- ✓ The **training material** will be distributed to the delegates electronically.
- ✓ A **certificate** of attendance will be provided to each delegate.

### **Banking details:**

Standard Bank Randburg      Branch Code : 018005      Account No. : 021670013

Reference for RMI Members:-

**IR SEMINAR + EO + RMI Member Number**

Reference for Non-RMI Members:-

**IR SEMINAR + EO + Organisation's Name**

# IR SEMINAR REGISTRATION FORM

PLEASE USE A SEPARATE FORM FOR EACH DELEGATE

Seminar	Date	Registration fee
<b>Dismissal for operational reasons and incapacity</b>	<b>Wednesday, 05 May 2021 at 09h00 (approx 3 ½ to 4 hours)</b>	RMI Delegate: <b>R 499.00 + VAT = R573-85</b> For every additional RMI Delegate, utilizing the same RMI Member Number: <b>R249.50 + VAT =R287-50</b> Non-RMI Delegate (Not an RMI Member): <b>R998.00 + VAT= R1 147.70</b>

NAME OF DELEGATE	
JOB TITLE OF DELEGATE	
ID NUMBER OF DELEGATE	
FOR B-BBEE TRAINING RETURNS, KINDLY INDICATE WITH AN "X":	Black <input type="checkbox"/> Indian <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Abled <input type="checkbox"/> Disabled <input type="checkbox"/>
NAME OF COMPANY/BUSINESS	
RMI MEMBERSHIP NUMBER	
PROVINCE	
TEL NO:	CEL NO:
EMAIL ADDRESS	
NAME OF CONTACT PERSON	
SIGNATURE	

**KINDLY RETURN THIS FORM TOGETHER WITH PROOF OF PAYMENT OF THE REGISTRATION**

**FEE BEFORE 12H00 ON MONDAY, 03<sup>rd</sup> OF MAY 2021**

**TO: eckhardt.oelofse@rmi.org.za**

We look forward to seeing you there.

