



South African Gastrointestinal Nurses Society

(affiliated to the South African Gastroenterology Society)

SAGINS EDUCATIONAL GRANT APPLICATION FORM

TITLE	MRS		MS		MR	
NAME						
SURNAME						
IDENTITY NUMBER						
QUALIFICATIONS						
HOSPITAL / CLINIC WORK ADDRESS						

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WORK CONTACT NO.	
MOBILE NO.	
EMAIL ADDRESS	

MY SPECIAL INTEREST IN GASTROENTEROLOGY IS:

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SAGINS MEMBER SINCE	
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GRANT REQUEST/EVENT DETAILS:

EVENT: SAGINS/SAGES CONGRESS 2025

DATES: 31 JULY 2025 – 03 AUGUST 2025

VENUE: COASTLANDS UMHLANGA HOTEL & CONVENTION CENTRE

APPLICANT'S SIGNATURE	
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APPROVED / DENIED (Reason):

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Ashlene N Hill
SAGINS PRESIDENT