

For office use only						



**APPLICATION FORM  
SOUTHERN AFRICAN WILDLIFE COLLEGE**

COURSE INFORMATION														
<b>Have you studied at the College before?</b>		Yes		No		<b>If yes, what is your student number?</b>								
<b>Course name:</b>														
<b>Course dates:</b>														
<b>Course venue:</b>														
PERSONAL DETAILS														
<b>ID number / Passport number (foreign students):</b>														
<b>Surname:</b>							<b>Title:</b>							
<b>Full names:</b>														
<b>Date of birth:</b>		Y	Y	Y	Y	M	M	D	D	<b>Gender:</b>		Female	Male	
<b>Nationality:</b>														
<b>Race (for statistical purposes):</b>		Asian		African			Coloured		Indian		White			
<b>Contact details:</b> (country code + dialing code + number) (e.g. +27 15 7937300)		<b>Home:</b>								<b>Work:</b>				
		<b>Cell:</b>								<b>Fax:</b>				
		<b>Email:</b>												
<b>Physical Address:</b>		<b>Street:</b>												
		<b>Suburb:</b>												
		<b>Town:</b>												
		<b>Code:</b>												
		<b>Country:</b>												
EMPLOYMENT DETAILS														
<b>Employer/Organisation:</b>														
<b>Job Title:</b>														
<b>Protected area working in:</b>														
MEDICAL DETAILS														
Please indicate any physical disabilities, medical problems or allergies.														
Attention deficit disorder				Hard of hearing						Deaf-blindness				
Autistic				Partial / Low vision						Diabetic				
Asthmatic				Physical disability						Deafness				
Cerebral palsy				Specific learning disability						Epilepsy				
<b>Other:</b>														
<b>Allergies (please specify):</b>														
<b>Do you take any medication? (Please specify)</b>														
<b>Do you belong to medical aid?</b>		Yes		No		<b>Medical aid name:</b>								
<b>Medical aid number:</b>						<b>Main member:</b>								

EMERGENCY CONTACT DETAILS			
Surname:			
Full name:			
Relationship			
Contact number:	Day		Night

Does your employer support your attendance at this training? <i>(please provide letter of support)</i>	No	Yes
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<b>1. Situation description (250 words maximum) – describe the land or resource use conflict or potential conflict in/around “your” Protected Area that needs to be resolved</b>

<b>2. Progress on resolving the issue – describe the actions taken to date to resolve the land or resource use conflict or potential conflict in/around “your” Protected Area</b>

<b>3. Challenges in resolving the issue – describe the challenges in resolving the land or resource use conflict or potential conflict in/around “your” Protected Area</b>

4. Stakeholders – identify the key stakeholder in this conflict/potential conflict and the role they play. *If possible, indicate contact details (email) for these stakeholders so that SAWC can invite these stakeholders to apply to maximize the usefulness of the training in resolving that conflict.*

Stakeholder (name or description)	Role in the conflict

5. Are you aware whether any of the above-mentioned stakeholders are also applying to attend this course? *(Applicants are encouraged to engage with the stakeholders listed above directly to encourage them to also attend the course to maximize the usefulness of the training in resolving that conflict. See also 4 above)*

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6. Which payment option are you choosing?

OPTIONS	COST	Tick the option of your choice
Option 1: Full package – includes accommodation for 6 nights (departing Saturday morning); 3 meals a day; all course materials and training costs.	<b>R7850.00</b>	
Option 2: Full package – includes accommodation for 5 nights at SAWC (departing Friday evening); 3 meals a day; all course materials and training costs.	<b>R7100.00</b>	
Option 3: Course package – no accommodation (self-arranged); includes lunch only. All course materials and training costs.  (Please note that the course program might go on till later in the evenings and you must participate in all the activities for full understanding of concepts)	<b>R4400.00</b>	

**Kindly note that *transport to and from SAWC is for own account.* SAWC is located on Kempiana Nature Reserve at the following coordinates: S 24°32'31.20"; E 031°20'0.31"**

**Please note: Southern African Wildlife college payment and cancellation policies is as follow:**

50% deposit is required in order to confirm a booking. Please note that a reservation is not confirmed or secured until this deposit requirement has been paid in full. The balance of the account must be paid, no later than 21 days prior to arrival.

Cancellation policy:

21 – 7 days prior to arrival – 50% cancellation fees 6 – 0 days prior to arrival – 100% cancellation fees

All cancellations must be made in writing.

#### INDEMNITY

I accept that the College accepts no liability in any way for any damage or loss whatsoever which students may incur or suffer personally, or in terms of loss or damage to personal property, which directly or indirectly arises from their participation, during the student's period of study at the College, in any activity of whatever kind having to do with any kind of sport or recreation, or where students are transported in a vehicle leased, owned or hired by the College for purposes relating to any sport meeting or recreation of whatever kind, however such damage or loss may come about, and students accept that they participate in any such activity on their own responsibility and accept of their own free will the risk/s associated thereto.

Name:

Signature:

Date:

Kindly email the filled in registration form to [marvdw@sawc.org.za](mailto:marvdw@sawc.org.za).