

WILDLIFE FORENSIC ACADEMY APPLICATION PAGE

WFA will be offering 1, 2, and 4 week courses for students and professionals, commencing from 1st September 2020.

COURSE SELECTION

Select your course: _____

Select your date preference (this may change): _____

PERSONAL DETAILS

Surname: _____

First name(s): _____

Date of Birth: _____

Sex: _____

Nationality: _____

ADDRESS

House no./House name: _____

Street Name: _____

City: _____

Zip/Postal code: _____

State/Province/Region: _____

Country: _____

Email Address: _____

Confirm email address: _____

Contact Number: _____

Contact number parents/guardian: _____

Do you have any preexisting medical conditions or allergies? _____

Do you have any dietary requirements? _____

Do you have any disabilities? _____

What do you hope to gain by participating in this course? _____

How did you hear about us? _____



QUALIFICATIONS

Are you a employed or studying?

(If employed) What is your current occupation? _____

(If student) What is the course you are studying? _____

University/College name _____

Graduation date/Expected graduation date _____

TRAVEL REQUIREMENTS

Do you require a visa? _____

Passport expiry date _____

Do you have travel insurance? Details _____

ATTACH A CV OR BIO WHEN RETURNING THIS FORM

TERMS AND CONDITIONS*

I have answered the questions to the best of my knowledge. I believe I am medically fit and able to do all activities. On application you hereby agree to the terms and conditions

Accept Terms and Conditions

Signature _____ Date _____

Return forms to

Email: admin@wildlifeforensicacademy.co.za

