



## DLIST - Distance Learning and Information Sharing Tool Stakeholder Participation Course Registration Form

Title (e.g. Mr, Ms, etc.)	
Surname	
First Names	
Date of Birth	
Country and Town of residence	
Citizenship	
Contact Details	
Postal Address	
Telephone number	
Fax number	
Email address	
Alternative email address	
Organisation or Institution (if any)	
Position	

Please state your interest in undertaking the course	
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Please state your expectations of the course	
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**Instructions**

1. It is compulsory to fill in all fields of this form.
2. There are no specific entry requirements to this course.
3. A course fee of R200 must be paid. If the participant is not able to pay this fee please contact the facilitator Kashiefa Parker at [kashiefa@ecoafrica.co.za](mailto:kashiefa@ecoafrica.co.za).
4. A certificate of completion will only be awarded on the basis of satisfactory interaction throughout the course, and a shown understanding of the course material.

**Declaration of Undertaking**

I ..... declare that all the particulars supplied by me in this form are true and correct.

Signature\_\_\_\_\_

Date\_\_\_\_\_

