

WILDLIFE FORENSIC ACADEMY APPLICATION PAGE

WFA will be offering 1, 2, and 4 week courses for students and professionals.

Please check <http://wildlifeforensicacademy.co.za/courses/> to ensure you select the correct course and date.

COURSE SELECTION (TICK ONE OR MORE)

Courses for internationals 2 week _____ 4 week _____
African condensed course 1 week _____ 2 week _____
Study tours and visits _____ Internship _____

Select your date preference (this may change):

First choice _____ Alternative date _____

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: _____

Contact email: admin@wildlifeforensicacademy.co.za



Do you have any pre-existing 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? (provide 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

I accept Terms and Conditions _____

Signature _____

Date _____

Return form and requested documents to admin@wildlifeforensicacademy.co.za

Please contact us if you have not had any feedback within 7 days of applying.

