

APPLICATION FORM

DATE OF REGISTRATION

/ /

PERSONAL INFORMATION

Full Name :

Nickname : Place Of Birth :

Date of Birth : / / Nationality :

Email :

Gender : Male Female

Marital Status :

Country : Post Code :

National Id No: Phone :

ADDRESS

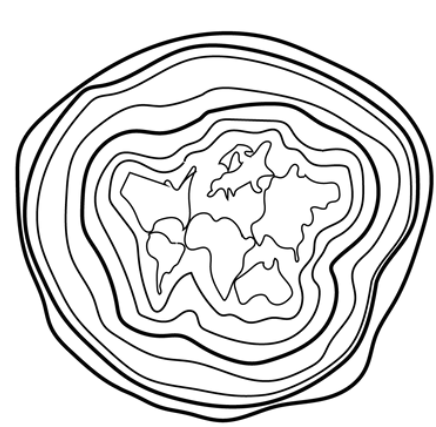
Present Address :

The City :

Zip Code :

MOTIVATION

Please could you write us a short Letter of Motivation stipulating why you are interested in completing this training.



APPLICATION FORM

TERMS AND CONDITIONS

- The course content presented and training provided on facilitating the development of nature connectedness is and remains the intellectual property of the Kinship Programme exclusively and may not be copied or distributed without the written consent of the Kinship Programme first being had and obtained.
- The expertise acquired during course presentation and training will be used by the Trainee independently of the Kinship Programme and the Kinship Programme shall not be liable for any damages of whatever nature and howsoever arising from the application of this training and consequently the Trainee hereby indemnifies and holds the Kinship Programme harmless against all and any claims that may arise following such usage.
- When conducting nature experiences the Trainee may not privately or publically refer to such experiences or sessions as "Kinship" sessions. The word Kinship and the Kinship Programme's brand/logo may not be used in any form or style.
- The Trainee will pay their fees timeously to the Kinship Programme as directed by the Programme and adhere to the payment terms detailed in the Nature Experience Facilitator Document.

SIGNATURE OF TRAINEE

/ /

DATE

DOCUMENTS TO SUBMIT WITH THIS FORM

- Letter of motivation
- Copy of your ID
- CV