## Application as a service provider to conduct accredited Predation Management training for PMSA



Name:
Address:
Contact number:
Email address:
Website address:
Specialist training area(s):
Accredited course name and material (if applicable):
Relevant experience in the field of predation management:
What qualifies you to conduct specialist predation management training for PMSA? (Please provide your CV and all relevant qualifications as supporting documents.)

## **DECLARATION**

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief, and that no relevant information has been withheld.

Name and Surname:	
Signature:	
Date:	

## **SUBMISSION DETAILS**

This application must be addressed to:

PMSA Secretariat (Attention: Bonita Francis)

41A Pickering Street, Newton Park, Port Elizabeth

Tel: (041) 365 5030

Email: nwga@nwga.co.za

**Important:** Applications close **15 October 2025**, i.e. within two weeks of the notification date of 1 October 2025.