



BUSINESSBOTSWANA

TRAINERS REGISTRATION FORM

CONTACT PERSON DETAILS

Last Name:

First name:

Gender:

ID Number:

Contact Number:

COMPANY DETAILS

Name:

Telephone:

Fax:

Email:

TRAINER PROFILE

Qualification: _____

Area of Expertise: _____

Experience:

Availability (Weekdays, Weekends, After Hours): _____

Preferred training Location: _____

CERTIFICATION FOR TRAINER COURSES

Please mark with an “x” on the selected option

Accredited as a Trainer: Yes ☐

No ☐

Accredited course(s): Yes ☐

No ☐

List of Accredited Courses: _____

***NB:** provide proof of accreditation for either or both*

TRAINER FEES

Trainer's fee (range): _____

Per Head: _____

Per Day: _____

VAT Registered: Yes ☐

No ☐

VAT Number: _____

N: B *necessary documents should be submitted to show that you are excluded from VAT payment*

T's & C's Of Engagement:

OR Alternatively provide a document that contains all your T's & C's

The trainers **MUST** be a member of Business Botswana in good standing and should send their detailed Curriculum Vitae to Ms Maggie Sebego at msebego@bb.org.bw or alternatively request for the registration form from our offices or our website www.bb.org.bw

For more information please contact Business Development Services at 3953459, Ext 103 or email msebego@bb.org.bw

Signature: _____

Date: _____

