

DSG Affiliation Information Sheet

Name: _____

Your Institute or Organization: _____

Mailing Address: _____

_____ Country: _____

Telephone: _____ E-Mail: _____

Website: _____

Your Profession: _____

Any previous professions that may be relevant to your proposal _____

Educational Degrees: _____

For which program are you interested in being *affiliated*? (You must already be an Authorized User for that course.)

___ SFM I: Next Generation Entrepreneur

___ SFM II: Collective Intelligence

___ SFM III: Conscious Leadership and Resilience

Your SFM Certification related to the affiliated program:

1. Institute Name
2. Owner of Institute Name _____
3. Trainer Names _____
4. Days of Training _____

Language Skills

What is your native language? _____

What other languages do you speak? _____

How fluent are you in English?

On a scale of 1-10 with 10 being fluent, what number corresponds to your verbal skills? _____

What number corresponds to your written skills? _____

Any other information relevant to your request to put on a DSG Affiliated program

Signature: _____

Date: _____