

## DSG Authorization 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(s) are you interested in getting *authorization*?

\_\_\_ SFM I: Next Generation Entrepreneur

\_\_\_ SFM II: Collective Intelligence

\_\_\_ SFM III: Conscious Leadership and Resilience

Related SFM Certification:

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? \_\_\_\_\_

Will you be translating the materials into another language?

Which language? \_\_\_\_\_

How do you plan to use the DSG/SFM materials?

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_