LEARNER REGISTRATION FORM

fraycollege
Of Communications

Fraycollege offers training solutions for media and communications professionals internationally.
**Please note: A copy of your ID or Passport, Birth Certificate or Driver's License must accompany this registration.

1. LEARNER DETAILS

Learner Title:		**Learner Last Name:**	
Learner First Name:		**Learner Middle Name:**	
Learner Previous Last Name:		**Country:**	
Job Title:		**Organization:**	
Learner E-Mail Address:		**Learner Phone number:**	
Disability Status Code:		**Gender:**	
Learner E-mail Address:		**Learner birthdate: yyyy/mm/dd**	
Learner Home Address:			
Proficiency in English:	Basic	Average	Fluent
Website:			
Years of Experience:	0-3 years	3-5 years	More than 5 years

Why do you want to participate in the Introduction to Media Management Course? (Answer below)

LOOKUP TABLE

Gender

Code	Explanation
M	Male
F	Female
U	Unknown

Citizen Resident Status

Code	Explanation
Code	**Explanation**
U	Unspecified
SL	Sierra Leone
SDC	SADC Except (i.e. NA)
NAM	Namibia
BOT	Botswana
ZIM	Zimbabwe
ANG	Angola
MOZ	Mozambique
G	Gambia
L	Liberia
MAL	Malawi
ZAM	Zambia

Disability Status

Code	Explanation
N	None
01	Sight (even with glasses)
02	Hearing (even with hearing aid)
03	Communication (talking, listening)
04	Physical (moving, standing, grasping)
05	Intellectual (difficulties or psychological)
06	Emotional (Behavioural)
07	Multiple
09	Disable but unspecified
U	Unknown disability status