

## FIVE DAY COURSE: INTRODUCING TOWNSHIP RENEWAL INTERVENTIONS

## PARTICIPANT EXPECTATION QUESTIONNAIRE

Please spare us a few minutes and complete this questionnaire.

Participant Name:			
ID number:			
Organization:			
Phone No.			
E- Mail:			
Position occupied:			
What qualifications do you hold?			
Institution:	Qualification:		Year:
Please identify the key aspects of your current job function :			
Please indicate the pla	ces where you execute y	our duties:	
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What are you expecting to learn from this course?		