CONGOMA – RAPID EXPRESSION OF INTEREST FORM

SOCIAL ENTERPRISE TRAINING (FEB–MARCH 2026)

1.0. ORGANISATION DETAILS

Name of Organisation: _____

District and Region: _____

Telephone: _____

Email:

2.0. CONTACT PERSON

Name: _____

Position: _____

Phone: _____

Email:

3.0. PARTICIPANTS (add separate sheet if more than 3 participants)

Participant name		Position	Email	Phone
1				
2				
3				

4.0. PREFERRED TRAINING LOCATION (Tick one)

☐ Lilongwe (24–26 Feb 2026)

☐ Mzuzu (4–6 Mar 2026)

☐ Blantyre (10–12 Mar 2026)

5. SOCIAL ENTERPRISE STATUS (Tick one)

☐ Already running a social enterprise

☐ Planning to start one

☐ Exploring / learning stage

6. KEY EXPECTATION FROM THE TRAINING (One sentence)

_____

_____

_____

_____

7. FEE COMMITMENT

☐ We commit to pay the participation fee as communicated by CONGOMA.

8. DECLARATION

Name: _____

Position: _____

Signature: _____

Date: _____

9. SENDING FORM

Please send filled form to CONGOMA by email info@congoma.mw by 12 February 2026