



# APPLICATION FORM

FOR THE \_\_\_\_\_ ROUTE

**Queries → Open Africa**  
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**Instructions, please read carefully:**

- A separate form must be completed for each tourism business / attraction wishing to be listed on the route.
- Attaching additional information, including brochures and photographs would be helpful.
- Please ensure to submit a signed **Open Africa Charter** with this participant form.

**SECTION A: INFORMATION FOR YOUR WEBSITE ENTRY**

**Participant Contact Details**

Name of tourism business / attraction:

Contact Person(s):

Tel:

Fax:

Cell:

Email:

Website address:

Postal Address:

Physical address:

Code:

Code:

**GPS Readings (in decimal degrees)**

S: \_\_\_\_\_ °

E: \_\_\_\_\_ °

**Note:** If the GPS reading is not known, the Open Africa Route Developer will take it on your behalf.



**Description of Business / Attraction for Website**

Please describe your tourism business / attraction ***in detail***, bearing authenticity and accuracy in mind; use your own language and avoid exaggeration. Subject to editing; this is what will be displayed on the website. Also feel free to attach any other additional information or photographs.

**Location/directions:**

**Facilities available, activities possible, items for sale:**

**Description of Business / Attraction for Website**

Please describe your tourism business / attraction ***in detail***, bearing authenticity and accuracy in mind; use your own language and avoid exaggeration. Subject to editing; this is what will be displayed on the website. Also feel free to attach any other additional information or photographs.

**Interesting stories or history, how your business started, unique features, etc:**

#### **SECTION B: CONFIDENTIAL INFORMATION FOR STATISTICAL BASELINE**

**Employment:** How many people does the business / attraction employ (including yourself)?

a) Full-time:	b) Part-time:
c) Volunteers:	d) Women:
e) PDI's Employed:	f) Youth Employed:

**Clientele & Market share:** Of all the business's clients, estimate what percentage are:

a) Local / domestic tourists:	% +	International tourists:	% =100%
b) Holiday makers:	% +	Business travellers:	% =100%
c) Part of organized tour group:	% +	Self-drive travellers:	% =100%

#### **Business Information**

Type of ownership (select one):	Closed Corporation <input type="checkbox"/>	NGO/NPO <input type="checkbox"/>
	Community <input type="checkbox"/>	Private Company <input type="checkbox"/>
Run by PDI's: Yes/No	Co-operative <input type="checkbox"/>	Public Company (Gov) <input type="checkbox"/>
Run by Youth: Yes/No		Sole Trader <input type="checkbox"/>
Female Owned: Yes/No		
Disability Empowerment: Yes/No		



Participant Type (multiple selection):	Activity & Adventure <input type="checkbox"/> Arts and Craft <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Other (please specify):	Services <input type="checkbox"/> Tourism & Environment <input type="checkbox"/>
What is the annual turnover of the tourism business?	R 10 000 or less <input type="checkbox"/> R 50 000 – R 100 000 <input type="checkbox"/> R 500 000 – R 1 m <input type="checkbox"/>	R 10 000 – R 50 000 <input type="checkbox"/> R 100 000 – R 500 000 <input type="checkbox"/> R1 m or more <input type="checkbox"/>
Indicate the average number of tourists you receive per month:		
How do most clients find out about your business?	Internet <input type="checkbox"/> Adverts <input type="checkbox"/>	Word-of-mouth <input type="checkbox"/> Media Editorials <input type="checkbox"/> Brochures <input type="checkbox"/> Other <input type="checkbox"/>
If other, please describe:		
Does the business provide accommodation facilities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your occupancy rate? _____		
<b>Capacity &amp; training needs</b>		
What is your business's key need?	Financial management <input type="checkbox"/> Technical / creative skills <input type="checkbox"/> Business planning <input type="checkbox"/>	Marketing <input type="checkbox"/> Other <input type="checkbox"/>
If other, please describe:		
Does your business' staff require any form of training? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what kind of training is needed?		
<b>Community Involvement</b>		
Is the business a community owned and managed project? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do not complete the rest of this section. If no, is the business involved in any community upliftment or development? Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain:		

**Please note that this form needs to be completed every 12 months to renew your membership to the route**