

MS-TRAINING CENTRE FOR DEVELOPMENT COOPERATION
Course Application Form For NGO courses [Use CAPITAL letters]
[If the space provided is inadequate, please fill the reverse page]

The information on this form is to enable us plan and implement the course effectively, thus meeting your needs.

1. Course Applied for

Course Title: _____

Course Code: _____ Dates: _____

2. Personal Information

Name [full]: _____

Age: _____ Sex: _____ Nationality: _____

Profession/Job : _____

Address [organization, postal, physical, tel.,e-mail;Fax]:

Present: _____

Future: _____

3. Education Background

State qualifications; year(s) and name(s) of institution(s) you qualified.

4. Present & Future Responsibilities/Activities

Describe your present responsibilities/activities

5. Previous Work Experience

State your most recent work experience relevant to this application.

6. Language

Indicate your level of proficiency by marking X below the appropriate letter.
F=fluent; G=good; P=poor; N=none.

F G P N

Kiswahili: _____ _____ _____ _____

English: _____ _____ _____ _____

7. Expectations

What areas/concepts of your interest (within the course programme) would you like to concentrate on? Indicate in order of preference.

8. Special Needs

Do you have any special needs? State only those which will have an influence on your participation in the course, e.g. diet, disability, etc.

9. Children/Spouse

Is your spouse and/or any children accompanying you? If yes, state spouse's name. Spouse attending a course should fill-in a separate application form. Spouse not attending a course pay for accommodation and meals only. Also state name(s), age(s) of child(ren) and languages spoken.

10. Accommodation: Single room _____ Shared Double room _____

11. Pets

Please observe that **all kinds of pets are prohibited** at this centre.

12.. Information

Where did you get the information about this centre?

13. Sponsorship

Are you paying the course fee yourself? Yes/No
If not, give details of sponsor.

Contact person: _____

Organisation & Address [full: postal/physical]

Tel: _____ Fax: _____

E mail: _____

Applicant's Signature: _____

Signature & Rubber Stamp of the
Sponsor/Representative:

Today's date: _____

14. Postal Address

MS-Training Centre for Development Cooperation
P O Box 254
Arusha
TANZANIA

15. Physical address

MS-Training Centre for Development Cooperation
Arusha/Moshi Road

Usa River
Arusha Region
TANZANIA

Tel: +255-27-2553472 & +255-27-2553837/9
Tel: (from East Africa) 007-27-2553472 & 007-27-2553837/9

Facsimile: +255-27-2553836 & +255-748-562141
Facsimile: (from East Africa) 007-27-2553836 & 007-748-562141

E mail : mstcdc@mstcdc.or.tz
Website: www.mstcdc.or.tz

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