

APPLICANT'S PHOTOGRAPH

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APPLICATION No.: _____

EXECUTIVE EDUCATION AND PROFESSIONAL TRAINING PROGRAMMES

APPLICATION FORM

PERSONAL INFORMATION

Surname		First name	
Gender	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Marital Status	Single: <input type="checkbox"/> Married: <input type="checkbox"/>
Date of Birth	___/___/___ (dd/mm/yy)	Town/Country of Birth	
Nationality			

CONTACT DETAILS

Home Tel. No.		Postal Address	
Office Tel. No.			
Mobile No.			
E-mail Address			

PRESENT WORK

Please provide information on the present work you do in the space provided

Name of Organisation/Institution			
Position Held			
Supervisor's/Manager's Name		Office/Mobile No.	
Brief Job Description <i>(Please provide a brief description about the work you do)</i>			

ACADEMIC/PROFESSIONAL BACKGROUND

Please provide information on your highest academic qualification and professional background only

Name of Academic Institution		From:	To:
Degree Obtained		___/___/___	___/___/___
Professional Qualification		Years of professional experience	
Awarding Body			
Date Awarded	___/___/___ (dd/mm/yy)		

COURSE SELECTION

Please provide information on the course you desire to undertake

Course Title	

Please provide brief answers to the following

What is your aim of taking the course?		How will the course be of benefit to you?	
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FUNDING THE COURSE

Please provide information on how you intend to fund the course

Institutional Support

Name of Sponsor		Type of Funding a. Self <input type="checkbox"/> b. Sponsorship <input type="checkbox"/>	Full payment <input type="checkbox"/> Half payment <input type="checkbox"/>
Postal Address		Tel. No.	
Contact Person			
Office/Mobile No.			
Type of Payment	Bank Draft <input type="checkbox"/> Bank Direct Deposit <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/>		
<i>In addition to the completed application form, please provide a letter from your sponsor indicating willingness to finance your enrolment on the course and the mode of payment.</i>			

CONTACT DETAILS OF NEXT OF KIN

Surname		First name	
Gender	Male: <input type="checkbox"/> Female: <input type="checkbox"/>		
Home Tel No.		Postal Address	
Office Tel No.			
Mobile No.			
E-mail Address			

I, _____ certify that all the information I have given above is factual and true. I know that provision of false information is unlawful and shall lead to me being withdrawn from the course or withholding of my certificate if I had by then completed the course.

I, on this day of ___/___/___ agree to the terms and conditions of this course and shall duly pay all fees as stipulated.

Applicant's name: _____ Applicant Signature: _____ Date: ___/___/___

DO NOT WRITE BEYOND THIS LINE

FOR OFFICE USE ONLY

Authorizing Officer: _____

Course Start Date _____

Approval: Denied Accepted Waiting List

Date Approved: ___/___/___ (dd/mm/yy)

Remarks: _____

Signature of Officer: _____

OFFICIAL STAMP

