

APPLICATION FORM FOR NON-EXAMINABLE SHORT COURSES

PLEASE INDICATE THE COURSE YOU WISH TO PURSUE:

PLEASE SELECT YOUR PREFERRED TRAINING OPTION: ☐ VIRTUAL ☐ IN-PERSON ☐ ON-SITE (for organisations)

DATE OF PROGRAM: NO. OF DAYS/WEEKS:

SECTION A: NOMINATING ORGANISATION

1. NAME OF YOUR ORGANISATION:
2. TYPE OF ORGANISATION: ☐ PUBLIC ☐ PRIVATE ☐ NGO/PARASTATAL
3. ORGANISATIONAL/PERSONAL ADDRESS:

SECTION B: PARTICULARS OF APPLICANT

4. FULL NAME:
(IN BLOCK CAPITALS: MUST BE HOW YOU WANT IT ON YOUR CERTIFICATE: SURNAME UNDERLINED)
5. NATIONALITY:
6. AGE: 7. DATE OF BIRTH: 8. SEX:
- EMAIL: MOBILE NO:
- TEL. NO:

EDUCATIONAL BACKGROUND (List the highest Certificates, Diplomas, Degrees etc., Possessed with date)

DATE		INSTITUTION	QUALIFICATION
FROM	TO		

7. HOW LONG HAVE YOU BEEN WORKING: PRESENT POSITION: NO. OF YEARS:
8. DUTIES (IN BRIEF):
- SIGNATURE OF APPLICANT: DATE:

SECTION C: OFFICIAL USE ONLY

COURSE FEES

AMOUNT PAID (DEPOSITED)	DATE OF PAYMENT	BALANCE (IF ANY)

SIGNATURE:
(ADMISSIONS OFFICER)