



SHORT COURSE APPLICATION FORM

1. **Short course applying for** _____

2. **PERSONAL DETAILS**

i. Mr/Mrs./Ms/Dr/Prof/Rev _____

ii. Surname _____

iii. First Names _____

iv. Male Female

v. Age: _____

vi. Special needs: _____

vii. Address for correspondence _____

viii. Contact Number _____

ix. E-mail _____

x. Next of kin: _____

xi. Contact Number of next of kin _____

3. **ACADEMIC QUALIFICATIONS**

i. Highest academic achievement _____

ii. Highest professional achievement _____

4. **WORK EXPERIENCE**

i. Employed Self employed

ii. Years of work experience _____

iii. Years of running own business _____

iv. Current position at work place/business _____

v. Name of employer/business _____

vi. Location of office/business _____

5. **FEES**

i. Who is paying for the short course?

Self-Sponsored Parent/Guardian/Relative

Full Name of the one paying fees _____

Contact number _____

ii. Employer:

Contact Person _____

Position in organization _____

Contact number _____