	Procedure No.:	OPS/FR/7.1 – 04/ F	Revision:	1
	Subject:	Application Form	Effective Date:	01 Jan 2006

APPLICATION FORM

[please use capital letters]

PART I. TO BE COMPLETED BY THE APPLICANT

1. Course Details

Course applied for

Course Code

Course dates from to

2. Personal Details

National ID Number

Surname

Other names

Date of Birth Nationality Male Female

Address

Phone Fax Email

Any special medical diet needs?. Please specify.


Any Physical Disability or Medical Problems? Yes No

If yes please describe

Next of Kin Contact No

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3. Education and Experience

SCHOOLS

Name of School	Dates		Qualification attained
	from	to	

UNIVERSITIES / TERTIARY COLLEGES


Name of University/college	Dates		Qualification attained
	from	to	

RELATED TRAINING COURSES

NAME OF COURSE	INSTITUTION	DATES

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WORK EXPERIENCE

EMPLOYER	Dates		JOB TITLE
	from	to	

Do you want to apply for exemption from module/s? If yes, a formal application must be submitted. Please consult the Admissions Office.

4. Accommodation

Is accommodation required? Yes No

If no, tick which meals are required Breakfast Lunch Supper

5. Sponsorship


Sponsored by Self Sponsored Employer Other

**Applicant's
Signature**

Date

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PART II. TO BE COMPLETED BY THE SPONSOR

6. Sponsor's Details

Name of Chief Executive

Name of Organisation

Phone Fax Email

I agree to sponsor the above applicant for this course if admitted

Sponsor's Signature **Date**

Official Stamp

7. Parent/Guardian [if Applicant is a minor and self sponsored]

I agree to sponsor the above applicant for this course if admitted

Name Relationship

Phone Fax Email

Parent's Signature **Date**

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