- Application Fee for long term programmes M180
- Attach certified copies of certificates
- Copy of an ID or Passport

6	Document No :	4FTR01	Revision:	02
HEITITETI OF BIRTHANDINI	Subject/Title:	Application Form	Effective Date:	July 2010

APPLICATION FORM

[Please use capital letters]

PART I. TO BE COMPLETED BY THE APPLICANT

1.	Course Deta	ills
	Course appli	ed for
	Course Code	
	Course dates	from to
2.	Personal De	tails
	National ID N	umber
	Surname	
	Other names	
	Date of Birth	Nationality Male Female
	Address ·	
	Phone	Fax Email
	Any special m	redical diet needs?. Please specify.
	Any Physical	Disability or Medical Problems? Yes No No
	If yes please	describe
	Next of Kin	Contact No
Au	thor: Quality	
This do	cument is the property	of IDM. It is strictly confidential and may on no account be reproduced, copied or divulged without prior authorization.
		Page 1. of 4 INSTITUTE OF DEVELOPMENT MANAGEMENT BOTSWANA LESOTHO SWAZILAND INSTITUTE OF DEVELOPMENT MANAGEMENT. BOTSWANA LESOTHO SWAZILAND
		OFFICIAL PHOTOGODY MASTER COPY

9	Document No.:	4FTR01	Revision:	02
THASITATE OF	Subject/Title:	Application Form	Effective Date:	July 2010

Education and Experience 3.

SCHOOLS

Name of Cohool	Dates		Qualification attained
Name of School	from	to	Qualification attained
		1 4014	
			TO CONTRACT OF THE CONTRACT OF

UNIVERSITIES / TERTIARY COLLEGES

No. of the beautiful all and	Dates		Qualification attained	
Name of University/college	from from		Qualification attained	
			/	
			A A PARAMETER AND A STATE OF THE STATE OF TH	

RELATED TRAINING COURSES

NAME OF COURSE	INSTITUTION	DATES
NAME OF OUTSIDE		

Author:	Quality Manager	Approver:	Regional Director
This document	is the property of IDM. It is strictly confidential a	l and may on no accour authorization,	nt be reproduced, copied or divulged without prior
		Page 2 of 4	BOTSWANA LESOTHO SWAZILAND

MASTER COPY

	Document No.:	4FTR01	Revision:
18011011 .0 21731074181 20001017	Subject/Title:	Application Form	Effective Date

WORK EXPERIENCE

EMPLOYER	Dates		JOB TITLE	
EWIFLOTER	from	to	JOB IIILL	

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

	must be submitted	. Please consult t	he Admissions O	Office.	
4.	Accommodation				
	Is accommodation	required?	Yes	No 🗌	
	If no, tick which me	eals are required	Breakfast	Lunch	Supper
5.	Sponsorship				
	Sponsored by	Self Spor	sored E	Employer	Other
	Applicant's Signature	h-10-10-10-10-10-10-10-10-10-10-10-10-10-		Date	

Author:	Quality Manager	Approver:	Regional Director
This document is the property of IDM, it is strictly confidential and may on no account be reproduced, copied or divulged without p			
	а	uthorization.	INSTITUTE

02

July 2010

•
TTAL
18.211.611.00
T handtwial

6.

7.

Document No.:	4FTR01	Revision:	02
Subject/Title:	Application Form	Effective Date:	July 2010

PART II. TO BE COMPLETED BY THE SPONSOR

Sponsor's Details	·					
Name of Chief Executive						
Name of Organisation						
Phone Fax	Email					
l agree to sponsor the above applicant for this course if admitted						
Sponsor's Signature	Date					
Official Stamp						
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					

Author:	Quality Manager	Approver:	Regional Director		
This document is the property of IDM. It is strictly confidential and may on no account be reproduced, copied or divulged without prior authorization.					
	I	Page 4 of 4	BOTSWANA LESOTHO SWAZILAND		

MASTER COPY