

**IPAM SHORT COURSE & CONSULTANCY UNIT
APPLICATION FORM**

Contacts: sccu@ipam.edu.sl; +232 75 191 966 & +232 30 060 966

Personal Details

Surname: _____

Other Names: _____

Address: _____

Email: _____

Cell #(s): _____

Educational Level: _____

Course Applying for: _____

Scheduled Date/Period of Course: _____

Please tick the options as applicable

Require invoice for training: Yes No

Computer literate: Yes No

Sponsorship: Organisation Self

Name of Organisation: _____

Participant's Signature: _____ Date: _____

Office Use Only

Payment made: Yes No

Copy of receipt attached: Yes No

Admin's Signature: _____

Date: _____