



COURSE APPLICATION/BOOKING FORM
(Please fill in every item in this form).

1. COURSE:

Title: _____

Dates: _____

2. PERSONAL DETAILS

Full name (Block Letters Please)

Surname Other names

Sex: Male () Female () (Please tick)

Date of Birth _____ Nationality: _____

Permanent Address: _____

Telephone No. _____ E-Mail: _____

3. CURRENT EMPLOYMENT

Name of Organization:

Postal address:

Title of current post:

4. PAYMENT AUTHORIZATION

I confirm that the program fee of Kshs. _____ will be paid by myself/ the employer/organization (delete as appropriate) on or before the course start date.