



APPLICATION FORM

Name of the Qualification	
Commencement Date (dd/mm/yyyy)	

Part A- Personal contact details

Title		Surname	
First Names			
ID Number			
Highest academic qualification			
Telephone (W)			
Mobile number			
e-mail (official)			

Part B - Official details

Organization	
Department / Unit	
Physical Address	(Building name, street name, office number & floor)
Postal Address	
Current Position	
Number of years in current position	
Signature & Date	

To be completed by the Applicant's Supervisor	
Title & Surname	
First names	
Position	
Telephone (W)	
Mobile Number	
e-mail (official)	
<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended	
Signature:	Date:

Contact details of the Finance Office / Person responsible for payment and receiving invoices	
Title & Surname	
First names	
Position	
Physical address	(Building name, street name, office number & floor)
Telephone (w)	
Mobile Number	
e-mail	

TERMS AND CONDITIONS OF APPLICATION

The receipt of a provisional admission letter/email from NIPAM should facilitate the procedure for obtaining a purchase order. This should be provided to NIPAM upon registration and must be paid within 30 days after commencement of the training.

Please kindly note that: A 100% cancellation fee will be charged.

UNDERTAKING

I certify that the information furnished in this application form is a true reflection of my credentials. I am aware of the fact that I may be required to complete assessment(s) to certify whether I have mastered the competencies required for the course.

Signature Date:.....

EXECUTIVE APPROVAL

The applicant's Executive Director or Accounting Officer acknowledges that the applicant is authorized to attend the training offered at NIPAM, certifies that funds are available to pay for the training as per prescribed fees of NIPAM and that he/she has read the terms and conditions of application and regards them as binding between the partners.

Signature of Executive Director / Accounting Officer

Date:.....

