

ALIBELLA CONSULTING

COURSE APPLICATION FORM

01. GENERAL INFORMATION			
Course Applied for			
Last name		First Name	
Date of Birth		Sex	
Organisation Name		Title at Work	
P.O. Box		Physical Address	
Telephone		Fax	
City		Country	
Email		Internet	http://
02. EDUCATION (Begin with most recent and include short-term or professional training)			
Institution	Subject	Date	Degree
03. WORK EXPERIENCE (List current position first)			
Organisation	Position	Dates <i>From/To</i>	Location
04. CURRENT JOB RESPONSIBILITIES			

05. APPLICANT'S EXPECTATIONS/ (Please specify the skills you hope to acquire from this course)

06. HOW DID YOU LEARN ABOUT ALIBELLA CONSULTING TRAINING COURSES? TICK ONE

i. Mail from Alibella Consulting		Name of Alibella Consulting Staff
ii. Donor		Name of donor
iii. Internet		Which Web Site?
iv. Alibella Publication		Title of publication
v. Advert		Which newspaper
vi. Institution/University		Indicate the name of the institution
vii. Others		Specify

07. PLEASE INDICATE THE NAME AND ADDRESS OF THE ORGANISATION THAT HAS AGREED TO PAY FOR YOUR PARTICIPATION

Organisation :	Contact Person:
P.O Box.:	City:
Country:	Email :
Telephone:	Fax:

To the best of my knowledge the information supplied above is correct and true

Applicant's Signature:

Date :

08. SECTION TO BE COMPLETED BY SUPERVISOR

AS A SUPERVISOR, PLEASE INDICATE WHAT YOUR ORGANISATION EXPECTS TO BENEFIT FROM THIS COURSE

Name:

Position:

Telephone:

Fax:

Email:

Signature:

Date:

Please return the completed form to :

The Training Coordinator
Alibella Consulting
(P.O.Box 7902 Wuse Zone III)
Plot 1A Suite 3.03
B.M.House, Samuel Ladoke Akintola Blvd.
Garki II, Abuja
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If for reasons beyond control, it is necessary to postpone a course, applicants will be notified in good time