



APPLICATION/NOMINATION FORM

Name of course applied for:					
APPLICANT'S DETAILS					
Full Name					
Age		Sex	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Marital Status: <input type="checkbox"/>
Organization					
Job Title				Years in present position	
Address					
Postcode		Country			
Telephone:		Fax:		Mobile:	
E-mail:					
Signature of Applicant			Date Applied		
Duties and responsibilities in present position (attach separate sheet if necessary)					
Previous working experience					
Job Title				Total number of years of working experience	
Employer's Consent	Name of authorized person:		Job Title:		Date:
TERMS AND CONDITIONS					
<p>1. <i>KGRTC</i> further undertakes to provide the following:</p> <ul style="list-style-type: none"> • One set of comprehensive course documentation for each delegate. • A <i>KGRTC</i> competency-based training certificate for each delegate (upon successful completion of the course). • A post-training analysis report detailing delegate, client and trainer feedback for each training course. • Course delivery at <i>KGRTC</i> by expert trainers, in an interactive format, including question and answer sessions. <p>2. <i>KGRTC</i> would not cover the following:</p> <ul style="list-style-type: none"> • Allowances and airfares for the delegates. • Medical Insurance • Applications for VISA and study permits <p>Payment: <i>KGRTC</i> would require full payment of the course fees before commencement of each training course.</p> <p>The following credit cards may be used: Visa Credit, Visa Debit, MasterCard, Visa Electron, and AMEX for payment under POS System's 'Card Not Present' arrangement.</p> <p>Training Facilities: <i>KGRTC</i> will provide all necessary training facilities including computer terminals and any audio-visual aids required for all training sessions to be conducted at <i>KGRTC</i>.</p> <p>Confidentiality: <i>KGRTC</i> guarantee full confidentiality will be exercised when discussing or utilizing any client information and/or examples where applicable.</p> <p>Please return this form to: The Training Manager Kafue Gorge Regional Training Centre P.O. Box 32774 Lusaka (10101) Zambia Tel: 00260-211-371007/8 Fax: +0260-211-371086 Email: info@kgrtc.org.zm Website: www.kgrtc.org.zm</p>					
FOR OFFICIAL USE ONLY					
Date Received		Accepted or Rejected		Course Coordinator's Name:	