

## 2011 APPLICATION/NOMINATION FORM

Name of course applied for:.....

### APPLICANT'S DETAILS

Full Name		Age		Gender	
Job Title		Years in present position:			
Organization					
Address					
Postcode		Country			
Telephone:		Fax:		Mobile:	
Signature of Applicant			Date Applied		
Duties and responsibilities in present position (attach separate sheet if necessary):					
Previous working experience:					

### EMPLOYER'S CONSENT

Name of authorized person	Job Title	Signature	Date

### TERMS AND CONDITIONS

1. *KGRTC* further undertakes to provide the following:

- One set of comprehensive course documentation for each delegate.
- A *KGRTC* 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 *KGRTC* by expert trainers, in an interactive format, including question and answer sessions.

2. *KGRTC* would not cover the following:

- Allowances and airfares for the delegates;
- Medical Insurance;
- Applications for VISA and study permits;
- Costs for Laundry (*KGRTC* provides laundry services to course participants at a nominal fee).

**Payment:** *KGRTC* would require full payment of the course fees before commencement of each training course.  
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.

**Training Facilities:** *KGRTC* will provide all necessary training facilities including computer terminals and any audio-visual aids required for all training sessions to be conducted at *KGRTC*.

**Confidentiality:** *KGRTC* guarantee full confidentiality will be exercised when discussing or utilizing any client information and/or examples where applicable.

**Please return this form to:**  
The Training Manager  
Kafue Gorge Regional Training Centre  
P.O. Box 32774  
Lusaka (10101)  
Zambia  
Tel: +260-211-371007/8      Fax: +260-211-371086      Email: [info@kgrtc.org.zm](mailto:info@kgrtc.org.zm)      Website: [www.kgrtc.org.zm](http://www.kgrtc.org.zm)

**Special Diet Requirements:** Kindly indicate any dietary needs: .....

### FOR OFFICIAL USE ONLY

Date Received		Accepted or Rejected	Course Coordinator's Name:
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