



Education and Training Consultants

Innovative Thinking Solutions



BOTSWANA
Qualifications Authority

Accredited Training Institute

SHORT COURSES APPLICATION FORM

[Please fill in the necessary details to confirm the order of the short course. When it is completed, please email it back to us].

Short Course title :

VENUE:

Name of applicant:

Male Female

Nationality:

National Identity/Passport No:

Details of Sponsor *(Please write full names)*

Govt Private Self

Sponsor Name.....

Signature

Date:

Dates when training is required: _____

day /month/2019 to day / month /2019

Qualifications:

Employment Status: _____

Govt Private Self N/A

Job Title: _____

Name of Employer: _____

Official stamp