



SHORT COURSE APPLICATION FORM

1. This form should be completed and returned to the Basewood Reception Kanjokya Street.

2.	Date	• • • • • • • • • • • • • • • • • • • •	•••••	•••••		
3.	COU	URSE				
4.	Name of Applicant					
5.	Tel:					
	Email:					
	Nationality					
8.	Place of Work					
	Tel:					
10.	Next of Kin		Name:			
			Tel:			
8.	List	of Schools, co	olleges, Unive	rsities etc. attended begi	inning with	the most recent
	SN	INST	ITUTION	COURSE	YEARS	AWARD OBTAINED
a)						

b)

c)

9. State your experience beginning with your present job

POSITION	<u>ORGANISATION</u>	<u>DURATION</u>	
a)			•••••
b)			•••
10. Sponsorship (Self	Organisation). If sponsored,	Head of department should endorse t	his
Form.			
Name	Title	Signature	••
11. Preferred mode of	Delivery		
Online			
Physical			
12. Preferred region o	f Attandance		
Kampala			
Mbale			
Gulu			
Mbarara			
13. How Did you Lea	rn about the Course (Please T	ïck)	
Newspapers Fa	cebook Website Re	eferral Pr_pectus	
Other			
14. Applicant's Signa	ture		

Phone: 0744488316, 020900993, 0744488307

Email: cilt.basewood@gmail.com

Website: www.basewoodconsult.ac.ug.