TRAINING APPLICATION FORM FOR CILT COURSES

This form should be completed and returned to:

The Course Coordinator CILT
Basewood Consult Uganda Ltd
Plot , 106. Kanjokya street,
P.O. Box ,16399 Kampala

To be completed by applicant

1. Training level applied for (*International Certificate, Diploma,*)

   .....

2. Papers/Units applied for .....

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   .....

   .....

3. Names..... .....

   (Surname) *(Others)*

4. Contact Address:..... Gender.....
5. Mobile Address (Your Own)..... Others.....
6. E-mail.....
7. Nationality.....
8. Age and Date of Birth (DD/MM/YY) .....
9. Name, address and telephone contact of person to be contacted in case of emergency .....

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10. List courses attended

i. .....

ii. .....

iii. .....

11. State any research/publication you have undertaken:

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12. State your employment record beginning with your present job:

POSITION HELD	MINISTRY/DEPT/ORGANIZATION	FROM	TO

13. Who will pay for the fees as set by **Basewood Consult Uganda Ltd** ?

Self …….

Organization …….

14. **Preferred mode of Delivery**

Online …….

Physical …….

15. **Preferred Programme**

Evening ……..

Weekend……

I certify to the best of my knowledge the information given in part A of this form is true

Date..... Name..... Signature.....

List of attachments

- *Your recent CV/Resume*
- *Certified academic transcripts/certificates*
- *Recent passport photograph*
- *Copy of either your national identity card, passport, or employer ID.*
- *Evidence/proof of working experience e.g appointment letter, recommendation from employer etc*

Phone: 0744488316, 020900993, 0744488307
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Website: www.basewoodconsult.ac.ug.