

NETWAS International Scheduled Training Courses

Application Form (Manual)

Applicants for **Netwas Training** are kindly requested to fill in this form and send it back to training@netwas.org, and copied to the Course Coordinator netwas-international@netwas.org. **Deadline for application is ONE WEEK before the commencement date for all the courses.**

Course		
Course Code:	Course Title:	
Accommodation Required (Optional)	Yes: No:	
Have You Attended a Similar Course Before	Yes: No:	If Yes, Which Year:

A. Details Information and Contacts of the Applicant			
Title:	Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Address:	
Surname:		P. O. Box:	
First Name:		City/Town	
Middle Names:		Country	
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Email (Personal):	
Position:		Mobile (Personal):	
Duration in this Position (in years):		Telephone (Office):	
Organization:		Email (Office):	
Sponsor:		Telephone (Office):	
		Email (Office):	
		Website:	

C: Education Qualifications of the Applicant			
Qualification	Field of Specialization	Year	Name University or College
PhD			
Masters			
Bachelors			
Diploma			
Certificate			
Grade Test			
Secondary			
Primary			
Others			

Languages			
Language	Speaking	Writing	Reading
English			
Kiswahili			
Any Other (Specify):			

Responses: Excellent - 5, Good - 4, Average - 3, Poor - 2, Very Poor – 1.

D: Keywords of Your Experience /Responsibility (Max 100 words)

E. What Knowledge Do You Hope to Gain from this Course?

F: Short Description of how the Applicant and Her/His Organization Plan to Use the Capacity Gained as a Result of This Training (NOT more than 100 words)

G: This Application is Supported by My Employer/Supervisor/Head of Department/Sponsor who will:

Cover the Cost of Participation in this Course

Assist me in Sourcing for Funds to Cover the Cost of Participation

Allow Me Leave Days /Time Off

Name of Supervisor/Sponsor Representative
Designation of Authorized Representative

Signature of Applicant

Date